| | | D |
|--|---|--|
| Fill in this information to identif | y your case: | AND FILED DLS |
| United States Bankruptcy Court for | or the: | MAD LIFED OF? |
| District of Nevada | | 2019 APR 1 PM 2 50 |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK if this is an amended filing |
| Official Form 101 | | |
| Voluntary Peti | tion for Individuals Fil | ling for Bankruptcy 12/17 |
| the answer would be yes if either Debtor 2 to distinguish between t same person must be <i>Debtor 1</i> ir Be as complete and accurate as | debtor owns a car. When information is needed a them. In joint cases, one of the spouses must repo all of the forms. possible. If two married people are filing together, ded, attach a separate sheet to this form. On the t | th debtors. For example, if a form asks, "Do you own a car," about the spouses separately, the form uses <i>Debtor 1</i> and ort information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The , both are equally responsible for supplying correct top of any additional pages, write your name and case number |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | | |
| Write the name that is on your government-issued picture identification (for example, your driver's license or | YUDELSY First name | First name |
| passport). | Middle name GONZALEZ-VINA | Middle name |
| Bring your picture identification to your meeting | Last name | Last name |
| with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | | |
| 2. All other names you have used in the last 8 years | First name | First name |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| | | |
| 3. Only the last 4 digits of your Social Security | xxx - xx - <u>4 2 5 0</u> | xxx - xx |
| number or federal | OR | OR |
| Individual Taxpayer Identification number | 9 xx - xx | 9 xx - xx |

(ITIN)

YUDELSY GONZALEZ-VINA

| De | | JNZALEZ-VINA | | | Case number (if known) | | |
|----|--|---|--------------------|----------------------|--|-----------------------|--|
| | First Name Middle Na | ame Last Name | | | | | |
| | | About Debtor 1: | | | About Debtor 2 (Spouse On | ly in a Joint Case): | |
| 4. | Any business names and Employer Identification Numbers | ☑ I have not used any bu | usiness names o | r EINs. | ☐ I have not used any business names or EINs. | | |
| | (EIN) you have used in the last 8 years | Business name | | | Business name | | |
| | Include trade names and doing business as names | Business name | | | Business name | | |
| | | EIN | | | EIN | | |
| | | EIN | | | EIN | | |
| _ | Where you live | | | | If Debtor 2 lives at a differen | ar apultara i | |
| 5. | Where you live | | | | ir Deptor 2 lives at a differen | t address: | |
| | | 5241 SAN ANSELM | O ST | | N. orton | | |
| | | Number Street | | | Number Street | | |
| | | LAS VEGAS | NV | 90100 | | | |
| | | City | State | 89120 ZIP Code | City | State ZIP Code | |
| | | CLARK | Sidio | 2.11 0000 | | | |
| | | County | | | County | | |
| | | If your mailing address in above, fill it in here. Note any notices to you at this in the second sec | e that the court w | vill send | If Debtor 2's mailing address yours, fill it in here. Note that any notices to this mailing address. | t the court will send | |
| | | Number Street | | | Number Street | | |
| | | P.O. Box | | | P.O. Box | | |
| | | City | State | ZiP Code | City | State ZIP Code | |
| | | | | | | | |
| 6. | Why you are choosing | Check one: | | | Check one: | | |
| | this district to file for bankruptcy | district to file for | | s petition, n any | Over the last 180 days bef I have lived in this district li other district. | | |
| | | ☐ I have another reason. (See 28 U.S.C. § 1408 | . Explain. 3.) | | ☐ I have another reason. Exp (See 28 U.S.C. § 1408.) | olain. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Debtor 1 Case number (if known) Part 2: **Tell the Court About Your Bankruptcy Case** 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting-your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for Z No bankruptcy within the ☐ Yes. District Case number _ last 8 years? MM / DD / YYYY When District Case riumber MM / DD / YYY Case number _ MM / DD / YYYY 10. Are any bankruptcy No cases pending or being ☐ Yes. Debtor Relationship to you filed by a spouse who is not filing this case with District Case number, if known you, or by a business MM / DD / YYYY partner, or by an affiliate? Debtor Relationship to you Case number, if known_ MM / DD / YYYY 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

| Debtor 1 YUDELSY GO First Name Middle Nam | ONZAL | EZ-VINA | | Case n | umber (if know | n) | |
|--|---|--------------------------------------|------------------|-----------------|----------------|-------------|----------------------|
| i ii st i valite i i i i i i i i i i i i i i i i i i | ie | Lask Haine | | | | | |
| | | | | | | | |
| Part 3: Report About Any E | Busines | ses You Own as a Sol | e Proprieto: | r | | | |
| 12. Are you a sole proprietor | ☑ No. | Go to Part 4. | | | | | |
| of any full- or part-time business? | ☐ Yes | ☐ Yes. Name and location of business | | | | | |
| A sole proprietorship is a | | | | | | | |
| business you operate as an individual, and is not a separate legal entity such as | | Name of business, if any | | | | | |
| a corporation, partnership, or LLC. | | Number Street | | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach it | | | | | | | |
| to this petition. | | City | | | State | ZIP Code | |
| | | Check the appropriate be | ox to describe | your business: | | | |
| | | ☐ Health Care Busines | s (as defined i | n 11 U.S.C. § 1 | 101(27A)) | | |
| | | ☐ Single Asset Real Es | state (as define | ed in 11 U.S.C. | § 101(51B |)) | |
| | | ☐ Stockbroker (as defin | ned in 11 U.S.C | C. § 101(53A)) | | | |
| | | ☐ Commodity Broker (a | as defined in 1 | 1 U.S.C. § 101 | (6)) | | |
| | | ☐ None of the above | | | | | |
| Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | can set appropriate deadlines. If you indicate that you are a small business debtor, you mus most recent balance sheet, statement of operations, cash-flow statement, and federal income any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). ✓ No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the the Bankruptcy Code. ✓ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition. | | | | | | come tax retum or if |
| | | Bankruptcy Code. | | | | | |
| Part 4: Report if You Own | or Have | Any Hazardous Prop | erty or Any I | Property The | at Needs | Immediate I | Attention |
| 14. Do you own or have any | No | | | | | | |
| property that poses or is alleged to pose a threat | ☐ Yes | . What is the hazard? | | | | | |
| of imminent and identifiable hazard to | | | | | | | |
| public health or safety? | | | | | | | |
| Or do you own any property that needs immediate attention? | | If immediate attention is | s needed, why | is it needed? _ | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building | | | | | | | |
| that meeds urgent repairs? | | | | | | | |
| | | Where is the property? | Number | Street | | | <u> </u> |
| | | | | 3 | | | |
| | | | | | | | |
| | | | City | | | State | ZIP Code |
| | | | City | | | State | ZIP Coue |

YUDELSY GONZALEZ-VINA

| Case number (if known) |
|------------------------|
|------------------------|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

YUDELSY GONZALEZ-VINA
First Name Middle Name Last Name

| | What kind of debts do | | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
|-------------------------------------|--|---|---|---|--|--|--|--|
| | you have? | No. Go to line 16b. Yes. Go to line 17. | a. p.i.i.diny toi a potosita, taniny, or tioo | aconora parpoco. | | | | |
| | | | ily business debts? Business debts | are debte that you incurred to obtain | | | | |
| | | | vestment or through the operation of the | | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or bu | isiness debts. | | | | |
| | . Fig. 1. Construites Constitutes page and activities with the constitution of the con | | | COPARTITION OF THE CONTRACT O | | | | |
| 17. Are you filing under Chapter 7? | | | | | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | Yes. I am filing under Chapt administrative expense No | er 7. Do you estimate that after any exe es are paid that funds will be available to | mpt property is excluded and odistribute to unsecured creditors? | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | and Automated | | | | | |
| | How many creditors do | 1-49 | 1,000-5,000 | 25,001-50,000 | | | | |
| | you estimate that you owe? | ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 5,001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 | | | | |
| 19. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | | |
| | estimate your assets to be worth? | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | | |
| | 30 Words | \$100,001-\$500,000 \$500,001-\$1 million | ☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion | | | | |
| | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion | | | | |
| | estimate your liabilities to be? | \$50,001-\$100,000 | □ \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | | |
| | to be: | □ \$100,001-\$500,000 □ \$500,001-\$1 million | □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | ☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion | | | | |
| Pa | t 7: Sign Below | | | · | | | | |
| Fo | r you | I have examined this petition, are correct. | nd I dedare under penalty of perjury tha | t the information provided is true and | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | | ult in fines up to \$250,000, or imprisonm | g money or property by fraud in connection ent for up to 20 years, or both. | | | | |
| | | * April | × | | | | | |
| | | Signature of Debtor 1 | Signatu | re of Debtor 2 | | | | |
| | | Executed on Uh. LY. | Execute | ed on | | | | |

Case 19-11975-mkn Doc 1 Entered 04/01/19 15:25:23 Page 7 of 65

| | VUDEL | CV CONT | A1 E7 \/INIA | |
|----------|-----------------------|-------------|--------------|------------------------|
| Debtor 1 | YUDELSY GONZALEZ-VINA | | ALEZ-VINA | Case number (if known) |
| | First Name | Middle Name | Last Name | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| | Date | |
|----------------------------------|--------------|---------------|
| Signature of Attorney for Debtor | | MM / DD /YYYY |
| Printed name | | |
| | | |
| Firm name | | |
| Number Street | | |
| | | |
| City | State | ZIP Code |
| | | |
| Contact phone | Email addres | ss |
| | | |
| Bar number | State | |

YUDELSY GONZALEZ-VINA

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| be familiar with any state exemption laws that apply. | |
|---|---|
| Are you aware that filing for bankruptcy is a serious acti consequences? | on with long-term financial and legal |
| ☐ No ☐ Yes | |
| Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor | |
| □ No □ Yes | |
| Did you pay or agree to pay someone who is not an attorn No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Deci | |
| By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware to attorney may cause me to lose my rights or property if I | ks involved in filing without an attorney. I hat filing a bankruptcy case without an |
| < ypyvies × | ; |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date MM / DD / YYYY | Date MM / DD / YYYY |
| Contact phone | Contact phone |
| Cell phone | Cell phone |
| Email address | Email address |
| | Email address |

Certificate Number: 12459-NV-CC-032508439



CERTIFICATE OF COUNSELING

I CERTIFY that on March 27, 2019, at 12:04 o'clock AM PDT, Yudelsy Gonzalez-Vina received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 27, 2019 By: /s/Veronica Castro

Name: Veronica Castro

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

| ebtor 1 | First Name | ONZALEZ-VINA Middle Name | Last Name |
|-------------------------------|---------------------|--------------------------|-----------|
| ebtor 2 Spouse, if filing) | Circle Manage | Middle Name | Last Name |
| inited States i | sankruptcy Court to | rthe: DISTRICT OF NEV | ADA |
| ase number If known) | 4 | | Chapter |

arer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 3. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1:

Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

| The bankruptcy petition preparer | AMY MILLER | | _ has notified me of |
|---|-------------------------------------|-----------------------|----------------------|
| any maximum allowable fee before | e preparing any document for filing | or accepting any fee. | |
| Signature of Debtor 1 acknowledging rec | eipt of this notice | Date 03.28. | <u>q</u> |
| Signature of Debtor 2 acknowledging rec | eipt of this notice | Date MM / DD / YYY | y |

| ebtor 1 | YUDELSY GONZALI First Name Middle Name | Last Name | | | Case numb | er (if ki | nown) |
|--|---|---|--------------------------|--|--|-------------|---|
| Part 2: | Declaration and Sign | ature of the E | Bankı | ruptcy Peti | tion Preparer | | |
| ■ I am a ■ I or m Prepa ■ if rules prepa | ly firm prepared the docum arer as required by 11 U.S. s or guidelines are establis | ents listed beloe. §§ 110(b), 1 hed according rm notified the | ow and 10(h) to 11 | d gave the de , and 342(b); U.S.C. § 110 | and O(h) setting a maximum fee | e <i>No</i> | enkruptcy petition preparer; tice to Debtor by Bankruptcy Petition dervices that bankruptcy petition any document for filing or before |
| | Y MILLER | JI. | | | AMY TAXES N M | IOR | F |
| | name | Title, if any | y | | Firm name, if it applies | | |
| Numbe | S S EASTERN AVE #1. Street VEGAS | | 9123 ZIF | ² Code | (702) (035-2030) Contact phone | | _ |
| | ny firm prepared the docu k all that apply.) | ıments checke | ed be | low and the | completed declaration is | mad | le a part of each document that I chec |
| | oluntary Petition (Form 101) | | _ | Schedule I (Fo | orm 106I) | | Chapter 11 Statement of Your Current Mont Income (Form 122B) |
| (Fo | atement About Your Social Se orm 121) ımmary of Your Assets and Lia | | ✓ | Schedule J (F Declaration Al Schedules (Fo | oout an Individual Debtor's | | Chapter 13 Statement of Your Current Mont Income and Calculation of Commitment Per (Form 122C-1) |
| | ertain Statistical Information (F | orm 106Sum) | Ø | Statement of I | tement of Financial Affairs (Form 107) | | · · |
| _ | chedule A/B (Form 106A/B) chedule C (Form 106C) | | | Statement of Intention for Individuals Filing Under Chapter 7 (Form 108) Chapter 7 Statement of Your Current Monthly Income (Form 122A-1) | | | Income (Form 122C-2) Application to Pay Filing Fee in Installmen (Form 103A) Application to Have Chapter 7 Filing Fee Waived (Form 103B) |
| ☑ Sc | Schedule D (Form 106D) Schedule E/F (Form 106E/F) Schedule G (Form 106G) | | Ø | | | | |
| ☑ sc | thedule H (Form 106H) | | \(\sqrt{1} \) | (Form 122A-1 Chapter 7 Mea (Form 122A-2 | ans Test Calculation | | (creditor or mailing matrix) Other |
| to whice | ch this declaration applies, th | ne signature and | heir So | ocial Security | • | | otcy petition preparer prepared the docum rovided. 11 U.S.C. § 110. Date 13.29.19 MM / DD / YYYY |
| | nande ure of bankruptcy petition prepar , or partner | er or officer, princi | ipal, res | sponsible | Social Security number of p | erson | Datewho signed MM / DD / YYYY |

B2800 (Form 2800) (12/15)

AMY MILLER

Printed name and title, if any, of

Bankruptcy Petition Preparer

| | L | Inited States Bankru | | |
|----------------|--|--|--|---------------|
| | | District Of N | NEVADA | |
| In re <u>Y</u> | UDELSY GONZALEZ | -VINA | Case No | |
| | Debtor | | Chapter 7 | |
| [Mu | | | RUPTCY PETITION PREPARER r prepares the petition. 11 U.S.C. § 110(h)(2) | .] |
| 1. | attorney, that I prepared debtor(s) in connection the filing of the bankru | d or caused to be prepared one or with this bankruptcy case, and that | rjury that I am not an attorney or employee or more documents for filing by the above-na at compensation paid to me within one year be aid to me, for services rendered on behalf of ankruptcy case is as follows: | imed efore |
| For doc | cument preparation service | es I have agreed to accept | \$200.00 | |
| Prior to | the filing of this statemen | nt I have received | \$ <u>200.00</u> | |
| Balance | e Due | | \$0.00 | |
| 2. and pro | TYPED ALL CHAPTER | ed to be prepared the following doc 7 FORMS (DECLARATION ON FO ces (itemize): PREPARE CHAPTE | ORM 119) | |
| 3. | Debtor | ensation paid to me was: Other (specify) ALEZ-VINA paid me cash. | | |
| 4. | The source of compensa | ation to be paid to me is: | | |
| | Debtor | Other (specify) | | |
| 5. | | plete statement of any agreement of the debtor(s) in this bankruptcy case | or arrangement for payment to me for prepara se. | ation |
| 6. | To my knowledge no ot this bankruptcy case exc | | ensation a document for filing in connection | with |
| NAME | | SOCIAL SECURITY | NUMBER | |
| . / | Mi | <u> </u> | 13.28.19 | |
| 1 | gnature | Social Security number | er of bankruptcy Date | |

8565 S. EASTERN AVE SUITE 128, LAS VEGAS, NV 89123

petition preparer*

Address

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

| Fill in this information to identify your case: | | |
|---|------------|---------------------|
| Debtor 1 YUDELSY GONZALEZ-VINA | | |
| First Name Middle Name Last Name | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | | |
| United States Bankruptcy Court for the: District of Nevada | | |
| Case number | | Check if this is an |
| (If known) | a | amended filing |
| | | |
| Official Form 106Sum | | |
| | | |
| Summary of Your Assets and Liabilities and Certain Statistical Info | rmatic | on 12/15 |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for | supplying | correct |
| information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | 1 schedule | s after you file |
| | | |
| Part 1: Summarize Your Assets | | |
| | Your ass | ente |
| | | what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) | | 0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | . \$ | 0.00 |
| 4b Complian C2 Total necessary promote from Cabada a A.O. | _ | 1,400.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,400.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | | 1,400.00 |
| | \$_ | 1,400.00 |
| Part 2: Summarize Your Liabilities | | |
| Carried Leaving State Control of | | |
| | Your lia | ahilities |
| | | you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | | 0.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | . \$ | 0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | | 0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | . \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | 35,346.00 |
| | + \$ | 00,040.00 |
| Vour total liabilities | • | 35,346.00 |
| Your total liabilities | | |
| | | |
| Part 3: Summarize Your Income and Expenses | | |
| 4. Schedule I: Your Income (Official Form 106I) | | |
| Copy your combined monthly income from line 12 of Schedule I | . \$_ | 998.24 |
| 5. Schedule J: Your Expenses (Official Form 106J) | | |
| The solution of the experience (Children total) | | |

Copy your monthly expenses from line 22c of Schedule J.....

1,580.00

| Del | btor 1 | YUDELSY First Name | GONZALEZ | Z-VINA Last Name | c | Case number (if known) | | |
|-----|---------|-------------------------------------|--|--|---|--|---------------|--------|
| Pa | art 4: | Answer The | ese Questions | s for Administrative | and Statistical Record | s | | |
| 6. | Are yo | u filing for bar | nkruptcy under | Chapters 7, 11, or 13? | • | | | |
| | No. | | ning to report on | this part of the form. Ch | neck this box and submit this | form to the court with your other | er schedules. | |
| 7. | What k | ind of debt do | you have? | | | | | |
| | You fam | ur debts are po nily, or househo | rimarily consun old purpose." 11 l | ner debts. Consumer d U.S.C. § 101(8). Fill out | ebts are those "incurred by ar lines 8-9g for statistical purp | n individual primarily for a pers poses. 28 U.S.C. § 159. | onal, | |
| | | | ot primarily con urt with your othe | | e nothing to report on this pa | art of the form. Check this box a | and submit | |
| 8. | | | | t Monthly Income : Cop Line 11; OR , Form 122 | y your total current monthly ii C-1 Line 14. | ncome from Official | \$ | 998.24 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this | information to identify your case and this | filing: | | |
|--------------------------------|--|---|---|--|
| Debtor 1 | YUDELSY GONZALEZ-VINA | | | |
| | First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing | g) First Name Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: District of Nevada | | | |
| Case number | or | | | |
| | | | | Check if this is an |
| | | | | amended filing |
| Officia | I Form 106A/B | | | |
| Sche | edule A/B: Propert | v | | 12/15 |
| | | List an asset only once. If an asset fits in more | | |
| Part 1: I 1. Do you 1. No. (| name and case number (if known). Answ Describe Each Residence, Building, own or have any legal or equitable interest Go to Part 2. | ore space is needed, attach a separate sheet to thiver every question. Land, or Other Real Estate You Own or Have stin any residence, building, land, or similar properties. | re an interest in | iny addπional pages, |
| Yes. | Where is the property? | What is the ground O or a live | | |
| 1.1. S t | treet address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home | Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: ms Secured by Property. |
| | | ☐ Land☐ Investment property | \$ | \$ |
| Ci | ity State ZIP Code | ☐ Timeshare | Describe the nature | |
| | ny Gtate Zir Gode | Other | interest (such as fee the entireties, or a lif | |
| | | Who has an interest in the property? Check one. | | |
| | | Debtor 1 only | | |
| Co | ounty | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Check if this is co | ommunity property |
| | | At least one of the debtors and another | (see instructions) | • • • • |
| | | Other information you wish to add about this it | em, such as local | |
| 16 | and the same of th | property identification number: | | |
| ii you ow | vn or have more than one, list here: | What is the property? Check all that apply. | | |
| | | ☐ Single-family home | Do not deduct secured cla the amount of any secure | d claims on Schedule D: |
| 1.2. <u>St</u> | treet address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Clair | ns Secured by Property. |
| - | and a substitution of the | Condominium or cooperative | Current value of the | |
| _ | | ■ Manufactured or mobile home ■ Land | entire property? | portion you own? |
| | | ☐ Investment property | \$ | \$ |
| Ci | ity State ZIP Code | ☐ Timeshare | Describe the nature | |
| Ci | ., State Zir Code | Other | interest (such as fee the entireties, or a lif | |
| | | Who has an interest in the property? Check one. | | |
| | | Debtor 1 only | | |
| Co | ounty | Debtor 2 only Debtor 1 and Debtor 2 only | □ a t | |
| | | At least one of the debtors and another | Check if this is co | mmunity property |
| | | | , | |
| | | Other information you wish to add about this item property identification number: | m, such as local | |

Official Form 106A/B

Schedule A/B: Property

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| Debtor 1 | YUDELSY GONZALEZ-VINA First Name Middle Name Last Name | Case number (if k | nown) | |
|----------|--|---|---|--|
| 1.3. | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: ns Secured by Property. |
| | City State ZIP Code | ☐ Land ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | County | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | | mmunity property |
| | | II of your entries from Part 1, including any entries here. | | \$0.00 |
| you own | that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles | st in any vehicles, whether they are registered or ree, also report it on Schedule G: Executory Contracts and the motorcycles | • | ; |
| 3.1. | Make: | Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | Year: Approximate mileage: Other information: | Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | One monator. | ☐ Check if this is community property (see instructions) | \$ | \$ |
| If you | own or have more than one, describe here: | | | |
| 3.2. | Make: Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property? | d claims on Schedule D: |
| | Other information: | ☐ Check if this is community property (see instructions) | \$ | \$ |

Official Form 106A/B

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Case number (if known)_

YUDELSY GONZALEZ-VINA

Middle Name

Debtor 1

Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: 34 Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No ☐ Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 0.00 you have attached for Part 2. Write that number here

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Debtor 1

YUDELSY GONZALEZ-VINA

First Name Middle Name Last Name

Case number (if known)______

| Part 3: | Describe Your Personal and Household Items |
|---------|--|

| Do | you own or have any legal or equitable interest in any of the following items? | portion you ow | Current value of the cortion you own? On not deduct secured claims or exemptions. | |
|-----|--|----------------|---|--|
| 6. | Household goods and furnishings | | | |
| | Examples: Major appliances, furniture, linens, china, kitchenware | | | |
| | □ No | | | |
| | Yes. Describe FURNITURE AND KITCHENWARE | œ. | 900.00 | |
| | Tes. Describe Torrariore //(Ab introductive/inte | \$ | 300.00 | |
| 7 | Electronics | | | |
| ٠. | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | | | |
| | collections; electronic devices including cell phones, cameras, media players, games | | | |
| | □ No | | | |
| | Yes. Describe TELEVISION AND CELLULAR PHONE | | 300.00 | |
| | Tes. Describe TELEVISION AND CELLULAR PHONE | \$ | 300.00 | |
| _ | Only addition of also | | | |
| 8. | Collectibles of value | | | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | | | |
| | No | | | |
| | Yes. Describe | | | |
| | — 103. D0341B0 | \$ | | |
| ^ | Equipment for sports and hobbies | | | |
| 9. | • • • | | | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | | | |
| | | | | |
| | ☑ No ☐ Yes. Describe | | | |
| | Tes. Describe | \$ | | |
| | | | | |
| 10. | Firearms | | | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | | | |
| | Mo | | | |
| | Yes. Describe | \$ | | |
| | and the second s | | | |
| 11. | Clothes | | | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | | |
| | No FVEDVDAY OF OTHER | | 100.00 | |
| | Yes. Describe EVERYDAY CLOTHES | \$ | 100.00 | |
| | | | | |
| 12 | Jewelry | | | |
| 12. | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | | |
| | gold, silver | | | |
| | □ No | | | |
| | | \$ | 100.00 | |
| | Yes. Describe EVERYDAY JEWELRY | ¥ | | |
| 13. | Non-farm animals | | | |
| | Examples: Dogs, cats, birds, horses | | | |
| | ☑ No | | | |
| | Yes, Describe | \$ | | |
| | — 100 B000 B00 B00 B00 B00 B00 B00 B00 B0 | Ψ | | |
| 1.4 | Any other personal and household items you did not already list, including any health aids you did not list | | | |
| 14. | | | | |
| | ☑ No | | | |
| | ☐ Yes. Give specific | \$ | | |
| | information | ¥ | | |
| 15 | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | | 1,400.00 | |
| | for Part 3. Write that number here | 3 ———— | 1,400.00 | |

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Debtor 1

Official Form 106A/B

YUDELSY GONZALEZ-VINA

| TODELOT | GUNZAI | LEZ-VINA | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

Case number (if known)_____

| Do you own or have any | legal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|----------------------------------|---|--|
| 16. Cash <i>Examples:</i> Money you | have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you file your petition | |
| ☑ No | | | |
| ☐ Yes | | | ··· \$ |
| | | unts; certificates of deposit; shares in credit unions, brokerage house nultiple accounts with the same institution, list each. | ·s, |
| □ No | | | |
| ☑ Yes | | Institution name: | |
| | 17.1. Checking account: | BANK OF AMERICA | \$0.00 |
| | 17.2. Checking account: | | |
| | 17.3. Savings account: | | _ \$ |
| | 17.4. Savings account: | | _ \$ |
| | 17.5. Certificates of deposit: | | _ \$ |
| | 17.6. Other financial account: | | _ \$ |
| | 17.7. Other financial account: | | _ \$ |
| | 17.8. Other financial account: | | _ \$ |
| | 17.9. Other financial account: | | _ \$ |
| | | | |
| | or publicly traded stocks | | |
| Examples: Bond funds, 2 No | , investment accounts with brok | erage firms, money market accounts | |
| Yes | Institution or issuer name: | | |
| | | | _ \$ |
| | | | \$ |
| | | | \$ |
| | | | |
| 19. Non-publicly traded s an LLC, partnership, | | orated and unincorporated businesses, including an interest in | |
| ☑ No | Name of entity: | % of ownership: | |
| Yes. Give specific | <u>-</u> | 0% | \$ |
| information about them | | | \$ |
| | | 0% % | \$ |

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YUDELSY GONZALEZ-VINA Debtor 1 Case number (if known)_ 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ZÍ No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ZÍ No ☐ Yes. List each Institution name: account separately. Type of account: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keoah: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ____ Prepaid rent: Telephone: Water: Rented fumiture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description:

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YUDELSY GONZALEZ-VINA Debtor 1 Case number (if known)_ Middle Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). 25 Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Z No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: _____ Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

☐ Yes. Give specific information.....

☑ No

Social Security benefits; unpaid loans you made to someone else

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YUDELSY GONZALEZ-VINA

Debtor 1

Middle Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list ✓ No ☐ Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Tyes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No ☐ Yes. Describe......

Official Form 106A/B

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| Debtor 1 | | GONZALEZ-VINA | Case number (if known) | |
|---------------------|------------------|---|--|---|
| | First Name | Middle Name Last Name | - | |
| 40. Machine | ry, fixtures. ec | quipment, supplies you use in busine | ess, and tools of your trade | |
| □ No | , •• | , | · · · · · · · · · · · · · · · · · · · | |
| | Describe | | | |
| ☐ Yes. | Describe | | | \$ |
| | | | | |
| 41. Inventor | v | | | |
| ☐ No | , | | | |
| Yes. | Describe | | | \$ |
| | | | | <u> </u> |
| | | | | |
| | in partnershi | ips or joint ventures | | |
| ☐ No | | | | |
| ☐ Yes. | Describe | Name of entity: | % of ownership: | |
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |
| | | | | |
| 43. Custome | er lists, mailin | g lists, or other compilations | | |
| ☐ No | , | 3 , e. | | |
| Yes. | Do your lists | include personally identifiable inform | nation (as defined in 11 U.S.C. § 101(41A))? | |
| | □ No | • | | |
| | Yes Desc | ribe | | |
| | | | | \$ |
| | | | | |
| | iness-related | property you did not already list | | |
| ☐ No | | | | |
| | Give specific | | | \$ |
| Intorr | mation | | | \$ |
| | | · | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | |
| | | | | \$ |
| 45. Add the | dollar value o | of all of your entries from Part 5, inclu | ding any entries for pages you have attached | • |
| for Part | 5. Write that r | number here | → | 3 <u></u> |
| | | | | |
| | | | | |
| Part 6: | Describe A | ny Farm- and Commercial Fishing | g-Related Property You Own or Have an Interest | In. |
| | | have an interest in farmland, list it in | | |
| | | | | ·*** |
| 46. Do you 0 | own or have a | ny legal or equitable interest in any fa | arm- or commercial fishing-related property? | |
| ☑ No. 0 | Go to Part 7. | | | |
| Yes. | Go to line 47. | | | |
| | | | | Current value of the |
| | | | | portion you own? |
| | | | | Do not deduct secured claims or exemptions. |
| 47. Farm an | imals | | | ог ехетірнопа. |
| | | oultry, farm-raised fish | | |
| □ No | P | 3 1 | | |
| | | | | |
| ■ res. | | | | |
| | | | | \$ |
| | | | | |

Official Form 106A/B

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| Debtor 1 | | | | Case number (if known) | | |
|-------------------|---|-------------|--------------|--|-----------|-------------|
| | First Name Middle Name Last Name | | | | | |
| 48. Crop | s—either growing or harvested | | | | | |
| | | | | | | |
| | es. Give specific | | | | \$ | |
| 49. Farm | and fishing equipment, implements, machinery, fixture | es, and too | ls of trade | | | |
| N | No ′es | | | | | |
| | GS | | | | \$ | |
| 50. Farm | and fishing supplies, chemicals, and feed | | | | | |
| <u> </u> | | | | | | |
| □ Y | 'es | | | | æ | |
| | | | _ | | \$ | |
| 51. Any 1 | farm- and commercial fishing-related property you did a No | not already | / list | | | |
| | es. Give specific | | | | • | |
| | | | | | * | |
| | the dollar value of all of your entries from Part 6, includer to the that number here | | | | \$ | |
| | | | | | | |
| Part 7: | Describe All Property You Own or Have | an Inter | rest in That | You Did Not List Above | | |
| 50 De 11 | | 1:-40 | | | | |
| | ou have other property of any kind you did not already oples: Season tickets, country club membership | liSt? | | | | |
| Z N | •• | | | | \$ | |
| | es. Give specific | | | | \$ | |
| | | | | | \$ | |
| 54 Add | the dollar value of all of your entries from Part 7. Write | that numb | or horo | 4 | S | |
| 54. Add | the donar value of all of your entities from Part 7. write | uiat iiumb | ei iieie | | | |
| Part 8: | List the Totals of Each Part of this Form | n | | | | |
| | | | | | | 0.00 |
| 55. Part | 1: Total real estate, line 2 | | | | \$ | 0.00 |
| 56. Part | 2: Total vehicles, line 5 | \$ | 0.00 | <u>) </u> | | |
| 57. Part | 3: Total personal and household items, line 15 | \$ | 1,400.00 | <u>) </u> | | |
| 58. Part | 4: Total financial assets, line 36 | \$ | 0.00 | <u>) </u> | | |
| 59. Part | 5: Total business-related property, line 45 | \$ | 0.00 | <u>) </u> | | |
| 60. Part | 6: Total farm- and fishing-related property, line 52 | \$ | 0.00 | <u>) </u> | | |
| 61. Part ' | 7: Total other property not listed, line 54 | + \$ | 0.00 | <u>)</u> | | |
| 62. Tota | I personal property. Add lines 56 through 61 | . \$ | 1,400.00 | Copy personal property total | +\$ | 1,400.00 |
| | | | | | | 1,400.00 |
| 63. Tota | I of all property on Schedule A/B. Add line 55 + line 62 | | | | \$ | 1,400.00 |

Official Form 106A/B Schedule A/B: Property

page 10

| Fil | l in this in | forma | tion to identi | fy your case: | **** | | | | | | | |
|---------------------------------------|--|-----------------------|---|--|--|---|---|---|--|--|-----------------------------------|----|
| _ | | YUD | FLSY GON | IZALEZ-VINA | | | | | | | | |
| De | btor 1 | First Na | | Middle Name | | Last Name | | | | | | |
| | btor 2 bouse, if filing) | First Na | me | Middle Name | | Last Name | | | | | | |
| Un | ited States I | 3ankru | otcy Court for the | e: District of Neva | ada | | | | • | | | |
| | se number known) | | | | | | | | | | Check if this is a amended filing | ın |
| | | | | | | | | | | | amended ming | |
| Of | ficial F | orn | 106C | | | | | | | | | |
| S | ched | ule | C: T | he Prop | erty | You | Clain | n as Ex | kempt | t | 04/16 | |
| Usin spac | g the prop ce is neede | erty yo ed, fill o | u listed on So | ossible. If two ma thedule A/B: Prop to this page as r | perty (Official | Form 106A | VB) as your | source, list the | property that | you claim as e | xempt. If more | 1 |
| spec of a retir limit wou | cific dollar ny applica ement fun is the exer ild be limit | amouble stands—nption | int as exemp atutory limit. nay be unlimi i to a particul the applicabl | | you may cla ons—such a nount. Howe nt and the va ount. | aim the full s those for ver, if you alue of the | fair market health aids claim an ex | t value of the p s, rights to rece emption of 100 | roperty being eive certain b 0% of fair ma | g exempted up cenefits, and t rket value und | der a law that | |
| | You al | re clair re clair | ming state and ming federal e | you claiming? I federal nonbani xemptions. 11 U | kruptcy exem | nptions. 11 b)(2) | U.S.C. § 52 | 2(b)(3) | | | | |
| | | | on of the proper hat lists this p | erty and line on property | Current val | | Amount o | f the exemption | you claim | Specific law | s that allow exemption | 1 |
| | | | | | Copy the va Schedule A | | Check only | one box for eac | ch exemption. | | | |
| | Brief descriptio | n: | jewelry | | \$ <u>100.00</u> | | □ s | | | Nev. Rev. | | |
| | Line from Schedule | A/B: | 12 | | | | | of fair market van oplicable statuto | | §21.090(1 |)(a) | |
| | Brief descriptio | n: | household | litems | \$ <u>900.00</u> | | - \$ | | | Nev. Rev. | | |
| | Line from Schedule | | .6 | | | | | of fair market value oplicable statuto | | §21.090(1) |)(b) | |
| | Brief descriptio | n: | electronics | S | \$ <u>300.00</u> | | _ \$ | | | Nev. Rev. | | |
| | Line from Schedule | A/B: | 7 | | | | | of fair market va oplicable statuto | | §21.090(1) | <u></u> | |
| 3. | | | | ad exemption of | | | s filed on or | after the date o | f adjustment.) |) | | |
| | No Yes. D | | | roperty covered | | | | | | | | |
| | _ ' | Ç. | | | | | | | | | | |

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Debtor 1

YUDELSY GONZALEZ-VINA First Name Middle Name Last Na

Case number (if known)_

| Part 2: Addit | ţ |
|---------------|---|
|---------------|---|

tional Page

| Brief descripti on Schedule A | ion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------------|--|--------------------------------------|---|---------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | clothing | \$100.00 | - \$ | Nev. Rev. Stat. Ann. §21.090(1)(b) |
| Line from Schedule A/B: | 11 | | 100% of fair market value, up to any applicable statutory limit | <u></u> |
| Brief description: | | \$ | - s | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ s | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | S | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ □ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | S s | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | S | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | u \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

| Fill in this information to identify your cas | ea. | | | |
|--|--|---|--|-----------|
| | | | | |
| Debtor 1 YUDELSY GONZALEZ-\ First Name Middle I | | | | |
| Debtor 2 | | | | |
| (Spouse, if filing) First Name Middle : | | | | |
| United States Bankruptcy Court for the: District of | nevada | | | |
| Case number (If known) | | | ☐ Check i | |
| | | | amende | ea ming |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Pro | perty | 12/15 |
| Be as complete and accurate as possible information. If more space is needed, cop additional pages, write your name and care | If two married people are filing together, both are ed by the Additional Page, fill it out, number the entries, se number (if known). | qually responsible and attach it to this | for supplying correct s form. On the top of | t any |
| | | | | |
| 1. Do any creditors have claims secured to | | ina alaa ta ranart an | this form | |
| Yes. Fill in all of the information below | m to the court with your other schedules. You have nothi | ing eise to report on | this form. | |
| Yes. Fill in all of the information below. | | | | |
| Part 1: List All Secured Claims | | | | |
| alternative and occurred ordinary | | Column A | Column B | Column C |
| | more than one secured claim, list the creditor separately | Amount of claim | Value of collateral | Unsecured |
| | nas a particular claim, list the other creditors in Part 2. | Do not deduct the | that supports this | portion |
| As much as possible, list the claims in alph | habetical order according to the creditor's name. | value of collateral. | claim | If any |
| 2.1 | Describe the property that secures the claim: | \$ | _ \$ | \$ |
| Creditor's Name | | ad t | - | |
| | | | | |
| | _ | | | |
| Number Street | | | | |
| Number Street | As of the date you file, the claim is: Check all that apply | | | |
| Number Street | Contingent | 447 | | |
| Number Street City State ZIP Code | | | | |
| | Contingent Unliquidated Disputed | | | |
| City State ZIP Code | Contingent Unliquidated Disputed Nature of lien. Check all that apply. | | | |
| City State ZIP Code Who owes the debt? Check one. | Contingent Unliquidated Disputed | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | Contingent Unliquidated Disputed Nature of Ilen. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Contingent Unliquidated Disputed Nature of Ilen. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | en e seguen va vive | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | \$ | \$_ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 | Contingent Unliquidated Disputed Nature of Ilen. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 | Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 Creditor's Name | □ Contingent □ Unliquidated □ Disputed Nature of Ilen. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 | Contingent Unliquidated Disputed Nature of Ilen. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. | □ Contingent □ Unliquidated □ Disputed Nature of Ilen. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply □ Contingent □ Unliquidated | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only | □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | □ Contingent □ Unliquidated □ Disputed Nature of Iien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: □ Contingent □ Unliquidated □ Disputed Nature of Iien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Z.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) | \$ | \$ | \$ |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | □ Contingent □ Unliquidated □ Disputed Nature of Iien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number Describe the property that secures the claim: □ Contingent □ Unliquidated □ Disputed Nature of Iien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit | \$ | \$ | \$ |

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YUDELSY GONZALEZ-VINA Case number (if known) List Others to Be Notified for a Debt That You Already Listed Part 2: Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ___ __ ___ Number Street ZIP Code City State On which line in Part 1 did you enter the creditor? _____ Name Last 4 digits of account number ______ Number Street ZIP Code City On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ___ __ __ Name Number City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Last 4 digits of account number ___ __ __ Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number ___ __ __ __ Name Number Street ZIP Code Citv State On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ___ __ __ Number City ZIP Code State

| F | ill in this information to identify your case: | | | | | |
|---------------------------------|---|---|--|--|---|---------------------------------|
| П | Debtor 1 YUDELSY GONZALEZ-VINA | | | | | |
| | First Name Middle Name | Last Name | | | | |
| | Debtor 2 Spouse, if filing) First Name Middle Name | Last Name | | | | |
| U | United States Bankruptcy Court for the: District of Nevado | a | | | | |
| | Case number | | | | | k if this is an nded filing |
| O. | fficial Form 106E/F | | | | | |
| <u> </u> | chedule E/F: Creditors V | /ho Have Unseci | ıred Claim | S | | 12/15 |
| Lis A/E cre nee any | as complete and accurate as possible. Use Part the other party to any executory contracts or use. Property (Official Form 106A/B) and on Schededitors with partially secured claims that are listeded, copy the Part you need, fill it out, number y additional pages, write your name and case number 1. List All of Your PRIORITY Unsecur | nexpired leases that could resultule G: Executory Contracts and lead in Schedule D: Creditors Who the entries in the boxes on the leading the first subject (if known). | in a claim. Also list Inexpired Leases (O Have Claims Secure | executory co fficial Form 16 d by Property | ontracts on So DGG). Do not . If more space | chedule include any :e is |
| 1. | Do any creditors have priority unsecured claim | s against you? | | | | |
| | No. Go to Part 2. | | | | | |
| | List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of | a claim has both priority and nonpr claims in alphabetical order accordi Part 1. If more than one creditor ho | iority amounts, list thang to the creditor's nanded in the creditor's nanded in the claim, | t c laim here ar me. If you have | d show both per more than two | oriority and o priority |
| | (For aп explanation of each type of claim, see the i | nstructions for this form in the instri | iction dookiet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Last A digits of account number | 9 | . | \$ | \$ |
| | Priority Creditor's Name | Last 4 digits of account number | | · | · • | - - |
| | Number Street | When was the debt incurred? | | | | |
| | | As of the date you file, the claim | is: Check all that apply | | | |
| | City State ZIP Code | Contingent | | | | |
| | Who incurred the debt? Check one. | Unliquidated | | | | |
| | Debtor 1 only | ☐ Disputed | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured | laim: | | | |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | | |
| | At least one of the debtors and another | ☐ Taxes and certain other debts yo | u owe the government | | | |
| | ☐ Check if this claim is for a community debt | Claims for death or personal injuintoxicated | y while you were | | | |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | Yes | | | | | |
| .2 | 1 | Last 4 digits of associat mumber | | | o or a sydnotron or me | |
| | Priority Creditor's Name | Last 4 digits of account number When was the debt incurred? | | B | _ \$ | _ \$ |
| | Number Street | which was the dept incurred? | | | | |
| | | As of the date you file, the claim | is: Check all that apply. | | | |
| | City State ZIP Code | ☐ Contingent☐ Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | · | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured of Domestic support obligations | :iaim: | | | |
| | Debtor 1 and Debtor 2 only | Taxes and certain other debts yo | u owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal inju | | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | | | | |
| | Is the claim subject to offset? ☐ No ☐ Yes | Other. Specify | | | | |

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Debtor 1

YUDELSY GONZALEZ-VINA

| ODELO: | | V 11 V/ 1 | |
|------------|-------------|-----------|--|
| | | | |
| First Name | Middle Name | Last Name | |

Case number (if known)____

| Afte | er listing any entries on this page, number them | beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|------|--|--|-------------|--------------------|--------------------|
| | | Last 4 digits of account number | \$ | \$ | \$ |
| | Priority Creditor's Name | Last 4 digits of account number | <u> </u> | | - · <u></u> - |
| | | When was the debt incurred? | | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who incurred the debt? Check one. | Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | _ | | | |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | | | |
| | • | Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No | | | | |
| | Yes | | | | |
| | | | | • | • |
| | Priority Creditor's Name | Last 4 digits of account number | \$ | - • | \$ |
| | · | When was the debt incurred? | | | |
| | Number Street | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | ☐ Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | | | | |
| | Debtor 1 and Debtor 2 only | Domestic support obligations Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | | | |
| | , | Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No | | | | |
| | Yes | | | and a substitution | |
| | | Last 4 digits of account number | \$ | \$ | _ \$ |
| | Priority Creditor's Name | | | | |
| | Number Street | When was the debt incurred? | | | |
| | Trained Greek | As of the date you file, the claim is: Check all that apply. | | | |
| | | _ | | | |
| | City State ZIP Code | ☐ Contingent☐ Unliquidated | | | |
| | City State ZIP Code | Disputed | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | Domestic support obligations | | | |
| | Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | 1 92 64 | |
| | Is the claim subject to offset? | Onlor. Opening | | | |
| | □ No | | | | |
| | Yes | | | | |

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Debtor 1

YUDELSY GONZALEZ-VINA

t Name Middle Name Last Name

3. Do any creditors have nonpriority unsecured claims against you?

Case number (if known)_

| Part | 2: |
|------|----|
|------|----|

List All of Your NONPRIORITY Unsecured Claims

| [[| ☐ No. You have nothing to report in this part. Submit this form to the Yes | ne court with your other schedules. | | |
|---------------|---|--|-----------|------------|
| r ir | ist all of your nonpriority unsecured claims in the alphabetical nonpriority unsecured claim, list the creditor separately for each clain noluded in Part 1. If more than one creditor holds a particular claim, claims fill out the Continuation Page of Part 2. | m. For each claim listed, identify what type of claim it is. Do not I | ist clair | ms already |
| $\overline{}$ | | | Total | claim |
| 4.1 | MONEYTREE | Last 4 digits of account number | • | 2,300.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 01/01/2018 | • | 2,000.00 |
| | 6720 FORT DENT WAY, STE 230 | | | |
| | SEATTLE, WA 98188 | | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | ☐ Contingent | | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | | |
| | Debtor 1 only | ☐ Disputed | | |
| | Debtor 2 only | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No | Other Specify INSTALLMENT | | |
| | Yes | | | |
| | | | | 1,300.00 |
| 4.2 | CHECK CITY | Last 4 digits of account number | \$ | 1,000.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 01/01/2018 | | |
| | 8505 S EASTERN Number Street | _ | | |
| | Number Street LAS VEGAS, NV 89123 | As of the date you file, the claim is: Check all that apply. | | |
| | City State ZIP Code | Contingent | | |
| | Miles insurand the debto Observe | Unliquidated | | |
| | Who incurred the debt? Check one. ✓ Debtor 1 only | ☐ Disputed | | |
| | Debtor 2 only | · | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | | |
| | • | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | Other. Specify INSTALLMENT | | |
| | ☑ No □ Yes | Cultor, optiony | | |
| | res | and the second s | | 2 who have |
| 4.3 | SNAP FINANCIAL | Last 4 digits of account number | _ | 3,000.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 01/01/2018 | \$ | 0,000.00 |
| | PO BOX 26561 | | | |
| | Number Street SALT LAKE CITY, UT 84126 | | | |
| | City State ZIP Code | — As of the date you file, the claim is: Check all that apply. | | |
| | | Contingent | | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | | |
| | ✓ Debtor 1 only ☐ Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | _ | Student loans | | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ₩ No | Other. Specify INSTALLMENT | | |
| | Yes | | | |

YUDELSY GONZALEZ-VINA

Middle Name Last Name

Case number (if known)___

| Part 2 | | | | |
|--------|---|----|---|---|
| | D | ij | - | - |
| | | | | |

| Afte | er listing any entries on this page, number them beginni | ng with 4.4, followed by 4.5, and so forth. | Total claim |
|------|--|--|--|
| 4.4 | TMOBILE | Last 4 digits of account number | s 900.00 |
| | Nonpriority Creditor's Name 12920 SE 38TH ST | When was the debt incurred? 01/01/2018 | \$ |
| | Number Street BELLEVIEW, WA 98006 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Unliquidated☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify ACCOUNT | |
| | ₩ No | | |
| | ☐ Yes | | |
| 4.5 | | The state of the s | |
| | SPRINT Nonpriority Creditor's Name | Last 4 digits of account number | \$ 3,000.00 |
| | 6480 SPRINT PKWY BLDG 13 | When was the debt incurred? $01/01/2018$ | |
| | Number Street OVERLAND PARK, KS 6625 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | lacksquare Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other Specify ACCOUNT | |
| | ☑ No □ Yes | | |
| | | | and the second of the second o |
| 4.6 | ABSOLUTE DENTAL | Last 4 digits of account number | \$300.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 01/01/2018 | |
| | 2250 S RANCHO DR STE 205 Number Street | | |
| | LAS VEGAS, NV 89102 City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent☐ Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ✓ No | Other. Specify MEDICAL | |
| | Yes | | |

YUDELSY GONZALEZ-VINA

Case number (if known)____

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| Afte | r listing any entries on this page, number them beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|------|---|--|------------------------|
| 4.7 | ALL V EINIANIOLAL | Last 4 digits of account number | _{\$} 12,588.0 |
| | ALLY FINANCIAL Nonpriority Creditor's Name | 10(10)0015 | \$ 12,500.Q |
| | POB 380901 | When was the debt incurred? | |
| | Number Street BLOOMINGTON, MN 55438 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed | |
| | ☑ Debtor 1 only | .,, | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify REPO | |
| | ✓ No | Other Specify FILT | |
| | Yes | | |
| | | | |
| 4.8 | FIDOT DDEMIED DANK | Last 4 digits of account number | s 707.00 |
| | FIRST PREMIER BANK Nonpriority Creditor's Name | | <u> </u> |
| | 3820 N LOUISE AVE | When was the debt incurred? 07/17/2017 | |
| | Number Street SIOUX FALLS, SD 57107 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other Specify CREDIT CARD | |
| | ☑ No □ Yes | | |
| | | The state of the s | |
| 4.9 | FIDOT DDELUED DANK | Last 4 digits of account number | \$_1,098.00 |
| | FIRST PREMIER BANK Nonpriority Creditor's Name | | |
| | 3820 N LOUISE AVE | When was the debt incurred? $\frac{07/29/2015}{}$ | |
| | Number Street SIOUX FALLS, SD 57107 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other Specify CREDIT CARD | |
| | ☑ No □ Yes | | |

YUDELSY GONZALEZ-VINA

st Name Middle Name Last Name

Case number (if known)____

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| er listing any entries on this page, number them beginning w | rith 4.4, followed by 4.5, and so forth. Total claim |
|--|---|
| SYNCB/JC PENNEY | Last 4 digits of account number |
| Nonpriority Creditor's Name POB 965007 | When was the debt incurred? 08/10/2015 |
| Number Street ORLANDO, FL 32896 | As of the date you file, the claim is: Check all that apply. |
| City State ZIP Code | □ Contingent □ Unliquidated |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Disputed |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Student loans |
| ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| Is the claim subject to offset? | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CHARGE ACCOUNT |
| ☑ No □ Yes | |
| | |
| VERIZON WIRELESS Nonpriority Creditor's Name | Last 4 digits of account number \$_4,554. |
| POB 650051 | When was the debt incurred? $06/28/2018$ |
| Number Street DALLAS, TX 75265 | As of the date you file, the claim is: Check all that apply. |
| City State ZIP Code | Contingent |
| Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed |
| Debtor 1 only | ☐ Disputed |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Student loans |
| _ | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts |
| Is the claim subject to offset? √a No | Other. Specify_ACCOUNT |
| Yes | gen. In at |
| AD ASTRA RECOVERY | \$1,158. |
| Nonpriority Creditor's Name 7330 W 33RD ST NSTE 118 | When was the debt incurred? 04/19/2018 |
| Number Street WICHITA, KS 67205 | As of the date you file, the claim is: Check all that apply. |
| City State ZIP Code | ☐ Contingent☐ Unliquidated |
| Who incurred the debt? Check one. | ☐ Disputed |
| ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| Debtor 1 and Debtor 2 only | Student loans |
| ☐ At least one of the debtors and another | Student loans Obligations arising out of a separation agreement or divorce that |
| ☐ Check if this claim is for a community debt | you did not report as priority claims |
| Is the claim subject to offset? | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify <u>COLLECTION</u> |
| ☑ No □ Yes | |

YUDELSY GONZALEZ-VINA

rst Name Middle Name Last Name

Case number (if known)_____

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| Afte | er listing any entries on this page, number them beginning with | n 4.4, tollowed by 4.5, and so forth. | Total claim |
|-------------|--|--|------------------|
| 413 | | | |
| [L.\] | LVNV FUNDING | Last 4 digits of account number | \$ 841.00 |
| | POB 1269 | When was the debt incurred? 05/22/2018 | |
| | Number Street GREENVILLE, SC 29603 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Unliquidated ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify_COLLECTION | |
| | ☑ No | | |
| | ☐ Yes | | |
| Tip | | and some ex- | |
| Lid | LVNV FUNDING | Last 4 digits of account number | \$ 692.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 05/22/2018 | |
| | POB 1269 Number Street | | |
| | GREENVILLE, SC 29603 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed | |
| | ☑ Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify COLLECTION | |
| | ☑ No ☐ Yes | | |
| | | | |
| 413 | | Last 4 digits of account number | \$ <u>869.00</u> |
| | MIDLAND FUNDING LLC Nonpriority Creditor's Name | | |
| | 2365 NORTHSIDE DR STE 300 | When was the debt incurred? 02/27/2018 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | SAN DIEGO, CA 92108 City State ZIP Code | Contingent | |
| | • | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | ✓ Debtor 1 only □ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | <u></u> | |
| | ☐ At least one of the debtors and another | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| | Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_COLLECTION | |
| | ☑ No | The Control of the Co | |
| | Yes | | |

YUDELSY GONZALEZ-VINA

First Name

Middle Name

Last Name

Case number (if known)____

| Part | 2 |
|------|---|
| | |

| fter listing any entries on this page, number them beginning w | rith 4.4, followed by 4.5, and so forth. | Total claim |
|---|---|-------------|
| – • PORTFOLIO RECOVERY | Last 4 digits of account number | s 762.00 |
| Nonpriority Creditor's Name 120 CORPORATE BLVD STE 100 | When was the debt incurred? 06/27/2018 | |
| Number Street | ····· | |
| NORFOLK, VA 23502 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code Who incurred the debt? Check one. | Contingent Unliquidated Disputed | |
| ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| ☐ At least one of the debtors and another | lacktriangle Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| Is the claim subject to offset? ☑ No | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION | |
| Yes | | |
| WELTMAN WEINBERGREIS | Last 4 digits of account number | \$ 1,000.0 |
| Nonpriority Creditor's Name | | |
| 965 KEYNOTE CIRCLE Number Street | When was the debt incurred? 10/30/2018 | |
| BROOKLYN HTS, OH 44131 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| | ☐ Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify COLLECTION | |
| ☑ No □ Yes | | |
| • | an adda after a | |
| 9 | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| ☐ No ☐ Yes | | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or

Debtor 1

YUDELSY GONZALEZ-VINA

First Name Middle Name Last Name

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? RAPID CASH Name of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 780408 Part 2: Creditors with Nonpriority Unsecured Claims Number Last 4 digits of account number ___ _ WICHITA, KS 67278 ZIP Code State On which entry in Part 1 or Part 2 did you list the original creditor? KRAVITZ, SCHNITZER & JOHNSON CHTD of (Check one): Part 1: Creditors with Priority Unsecured Claims 8985 S EASTERN AVE #200 ☑ Part 2: Creditors with Nonpriority Unsecured Claims LAS VEGAS, NV 89123 Last 4 digits of account number ___ __ __ __ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? JUSTICE COURT of (Check one): Part 1: Creditors with Priority Unsecured Claims 200 LEWIS AVE Part 2: Creditors with Nonpriority Unsecured Claims LAS VEGAS, NV 89101 Last 4 digits of account number ___ _ ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? CAPITAL ONE of (Check one): Depart 1: Creditors with Priority Unsecured Claims 1680 CAPITAL ONE DRIVE ☐ Part 2: Creditors with Nonpriority Unsecured Number Claims MCLEAN, VA, 22102 Last 4 digits of account number ___ _ _ _ ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? CAPITAL ONE of (Check one): Part 1: Creditors with Priority Unsecured Claims 1680 CAPITAL ONE DRIVE ☑ Part 2: Creditors with Nonpriority Unsecured Claims MCLEAN, VA, 22102 Last 4 digits of account number ___ __ __ ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **CREDIT ONE** of (Check one): Part 1: Creditors with Priority Unsecured Claims POB 98872 ☑ Part 2: Creditors with Nonpriority Unsecured Claims LAS VEGAS, NV 89193 Last 4 digits of account number ___ __ __ ZIP Code COMENITY BANK/VICTORIA SECRET On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one):

Part 1: Creditors with Priority Unsecured Claims POB 182789 Part 2: Creditors with Nonpriority Unsecured Claims COLUMBUS, OH 43218 Last 4 digits of account number ____ State ZIP Code

Debtor 1

YUDELSY GONZALEZ-VINA

Middle Name Last Na

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|--------------|---|-----|-------------|-----------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 35,346.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 35,346.00 |

| Debtor | YUDELSY | GONZALEZ- | VINA | | | |
|---|---|--|---|---|--|-------------------------|
| | First Name | Middle | • Name | Last Name | | |
| Debtor 2 (Spouse If filing |) First Name | Middle | Name | Last Name | | |
| United States | Bankruptcy Cour | t for the: District o | of Nevada | | | |
| Case number | · | | | | | ☐ Check if this is an |
| (If known) | | | | | | amended filing |
| Official | Form 106 | 6G | | | | |
| Sched | ule G: E | Executo | ry Con | tracts and | Unexpired Leases | 12/15 |
| nformation. additional pa 1. Do you No. | If more space ages, write you have any exec | is needed, cop ir name and cas utory contracts and file this form | y the addition se number (if so or unexpired with the court | al page, fill it out, n known). I leases? with your other sche | ogether, both are equally responsible for suppl umber the entries, and attach it to this page. On adules. You have nothing else to report on this form | n the top of any |
| 2. List sep | arately each p | erson or compa | any with whor | n you have the con | re listed on Schedule A/B: Property (Official Form 1 tract or lease. Then state what each contract or | lease is for (for |
| exampl | e, rent, vehicle ed leases | lease, cell pho | ne). See the in | nstructions for this for | m in the instruction booklet for more examples of e | executory contracts and |
| Person | or company w | ith whom you h | ave the contr | ract or lease | State what the contract or lease is for | • |
| . 0.00 | o. company n | | | | | |
| 2.1 | | | | | _ | |
| Name | | | | | | |
| Number | Street | | | | _ | |
| City | | State | ZIP Code | | _ | |
| 2.2 | | | | | | |
| Name | | | | | _ | |
| Number | Street | | | | _ | |
| City | | State | ZIP Code | | _ | |
| 2.3 | | 0.0.0 | | | | |
| Name | | | | | _ | |
| Number | Street | | | | _ | |
| | | | 710 0 1- | | _ | |
| City 2. 4 | | State | ZIP Code | | | |
| Name | | · · · · · · · · · · · · · · · · · · · | | | | |
| | Ctroot | | | | _ | |
| Number | Street | | | | _ | |
| City | | State | ZIP Code | | _ | |
| 2.5 Name | | | | | _ | |
| Name | | | | | | |
| Number | Street | | | | _ | |

State

ZIP Code

City

| 6 (1) : (1) | | | | | | |
|--|--|--|--|--|--|-----|
| Fill in this | information to ide | entify your case: | | | | |
| Debtor 1 | | ONZALEZ-VINA | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| | ng) First Name | Middle Name | Last Name | | | |
| United State | es Bankruptcy Court fo | r the: District of Nevada | | | | |
| Case number | er | | | | | |
| (If known) | | | | | ☐ Check if this is | |
| | | | | | amended filing | |
| Official | Form 106H | 1 | | | | |
| Sched | lule H: Yo | our Codebto | rs | | 12/15 | ; |
| are filing to and number case number. 1. Do you | gether, both are ear the entries in the er (if known). Answer have any codebto as the last 8 years, ha, California, Idaho, Go to line 3. Did your spouse, No Yes. In which communications in the entries of the entries | qually responsible for suboxes on the left. Attacker every question. ors? (If you are filing a join ave you lived in a comm Louisiana, Nevada, New former spouse, or legal equal to box | pplying correct in the Additional Part case, do not list eit unity property state dexico, Puerto Riccoulousalent live with your property with your | formation. If mage to this page to this page to the page the content of the conte | (Community property states and territories include | ıt. |
| | Number Street | | | | | |
| | | | | | | |
| | City | State | | ZIP Code | | |
| shown Schedi Schedi | in line 2 again as ule D (Official Forr ule E/F, or Schedu | a codebtor only if that poin 106D), <i>Schedule E/F</i> (Cile G to fill out Column 2. | erson is a guarant official Form 106E/ | or or cosigner. | if your spouse is filing with you. List the person Make sure you have listed the creditor on G (Official Form 106G). Use Schedule D, | |
| Colum | nn 1: Your codebto | r | | | Column 2: The creditor to whom you owe the debi | Ċ |
| | | | | | Check all schedules that apply: | |
| 3.1 | | | | | Schedule D, line | |
| Name | | | | | Schedule E/F, line | |
| Numbe | er Street | | | | Schedule G, line | |
| City | | 01-1- | | 717.0 1 | <u> </u> | |
| 3.2 | | State | | ZIP Code | | |
| Name | | | | *** | Schedule D, line | |
| Name | | | | | ☐ Schedule E/F, line | |
| Numbe | er Street | · · · · · · · · · · · · · · · · · · · | - 11*** | | Schedule G, line | |
| City | | State | - 1170 | ZIP Code | <u> </u> | |
| 3.3 | | | | | | |
| Name | | | 1444 | | Schedule D, line | |
| | | | | | Schedule E/F, line | |
| Numbe | er Street | | | | Schedule G, line | |
| City | | State | | ZIP Code | | |
| | | | | | | |

Official Form 106H

Schedule H: Your Codebtors

page 1 of <u>1</u>

| Fill in this info | rmation to identify | your case: | | | | | |
|--|---|--|---|------------------|---|---|--|
| Debtor 1 Y | UDELSY GONZ | AI FZ-VINA | | · - · | 1 | | |
| Fir | rst Name | Middle Name | Last Name | , | | | |
| Debtor 2 (Spouse, if filing) Fir | rst Name | Middle Name | Last Name | | | | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF NEVADA | | | | | |
| Case number _ | | | | | Check if th | nis is: | |
| (If known) | | | | | ☐ An am | ended filing | |
| | | | | | | plement showing post e as of the following d | |
| Official Forr | m 106l | | | | MM / D | D/ ŶYYY | |
| Schedu | ıle I: You | ır Income | | | | | 12/15 |
| supplying corre If you are separa separate sheet t | ct information. If your spou | essible. If two married peou are married and not fil se is not filing with you, top of any additional page | ing jointly, and yo do not include inf | our spous | se is living with y n about your spo | ou, include informatio use. If more space is n | n about your spouse. leeded, attach a |
| Fill in your elinformation. | | | Debtor 1 | | | Debtor 2 or non-fi | iling spouse |
| attach a sepa | ore than one job, trate page with bout additional | Employment status | ☐ Employed ☑ Not employ | ed | | ☐ Employed ☐ Not employed | |
| Include part-t self-employed | ime, seasonal, or d work. | | | | | | |
| | nay include student er, if it applies. | Occupation | | . . | | | |
| | | Employer's name | | | | | |
| | | Employer's address | | | | | |
| | | | Number Street | | | Number Street | |
| | | | City | State | ZIP Code | City | State ZIP Code |
| | | How long employed the | re? | | | | |
| Part 2: Gi | ve Details About | Monthly Income | | | | | |
| | nthly income as of s you are separated | the date you file this for | n. If you have noth | ing to rep | oort for any line, w | rite \$0 in the space. Incli | ude your non-filing |
| If you or your | non-filing spouse ha | ave more than one employe ttach a separate sheet to th | | ormation t | for all employers fo | or that person on the line | es |
| | | | | - | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| | | ary, and commissions (be calculate what the monthly | | 2. | \$0.00_ | \$ | |
| 3. Estimate an | d list monthly over | time pay. | | 3. + | \$ 0.00 | + \$ | |
| 4. Calculate g | ross income. Add li | ne 2 + line 3. | | 4. | \$0.00 | \$ | |

Official Form 106I Schedule I: Your Income page 1

Debtor 1

| YUDELS' | Y GONZALE | Z-VINA | |
|-------------|-------------|-----------|--|
| Circl Marro | Middle Name | Lest Name | |

| Case number (if known) | | _ |
|------------------------|--|---|

| | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|------------|----------|----------------|---|--------------------|
| Copy line 4 here | 4. | \$ | 0.00 | \$ | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | |
| 5e. Insurance | 5e. | \$ | 0.00 | \$ | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | |
| 5g. Union dues | 5g. | \$ | 0.00 | \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$ | 0.00 | + \$ | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | | \$ | 0.00 | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | |
| 8. List all other income regularly received: | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | |
| 8b. Interest and dividends | 8b. | \$ | 0.00 | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | ent | | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | |
| 8d. Unemployment compensation | 8d. | \$ | 0.00 | \$ | |
| 8e. Social Security | 8e. | \$ | 0.00 | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | nce 8f. | \$ | 0.00 | \$ | |
| Specify: | | Ψ | | <u> </u> | |
| 8g. Pension or retirement income | 8g. | \$ | 0.00 | \$ | |
| 8h. Other monthly income. Specify: DISABILITY INSURANCE | 8h. | +\$ | 998.24 | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_ | 998.24 | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 998.24 | + \$ | \$ 998.24 |
| 11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, friends or relatives. | | | ents, your roo | ommates, and other | |
| Do not include any amounts already included in lines 2-10 or amounts that are Specify: | not a | /ailable | to pay exper | nses listed in <i>Schedule J.</i> 11. † | \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | | | | • | \$ 998.24 Combined |
| 13. Do you expect an increase or decrease within the year after you file this ✓ No. | form? | • | | | monthly income |
| Yes. Explain: | | | | | |

| Fill in this information to identify your case: | | | |
|--|---|-----------------------|---------------------|
| Debtor 1 YUDELSY GONZALEZ-VINA | Check if this i | e. | |
| First Name Middle Name Last Name Debtor 2 | — An amend | | |
| (Spouse, if filing) First Name Middle Name Last Name | | _ | petition chapter 13 |
| United States Bankruptcy Court for the: District of Nevada | | as of the following | |
| Case number (If known) | MM / DD / | YYYY | |
| | | | |
| Official Form 106J | | | |
| Schedule J: Your Expenses | | | 12/15 |
| Be as complete and accurate as possible. If two married people are fili information. If more space is needed, attach another sheet to this form (if known). Answer every question. | | | |
| Part 1: Describe Your Household | | | |
| 1. Is this a joint case? | | | |
| ✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a separate household? | | | |
| □ No | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. | Debtor 1 or Debtor 2 | age | with you? |
| Do not state the dependents' names. | DAUGHTER | 9 | ☐ No ☑ Yes |
| | SON | 21 | □ No |
| | | | ☑ Yes |
| | | | ⊔ No □ Yes |
| | | | = |
| | | | U No □ Yes |
| | | | □ No |
| | | | Yes |
| 3. Do your expenses include No | | | |
| expenses of people other than yourself and your dependents? | | | |
| · · | | | |
| Part 2: Estimate Your Ongoing Monthly Expenses | | | |
| Estimate your expenses as of your bankruptcy filing date unless you a | • | • | • |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental applicable date. | ental Schedule J, check the box at | t the top of the form | n and fill in the |
| Include expenses paid for with non-cash government assistance if you | ı know the value of | | |
| such assistance and have included it on Schedule I: Your Income (Offi | | Your expe | nses |
| The rental or home ownership expenses for your residence. Include any rent for the ground or lot. | first mortgage payments and | 4. \$ | 700.00 |
| If not included in line 4: | | | |
| 4a. Real estate taxes | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association or condominium dues | | 4d. \$ | 0.00 |

Debtor 1

YUDELSY GONZALEZ-VINA
First Name Middle Name Last I

Last Name

Case number (if known)_

| | | | Your exp | penses |
|-----|---|--------------|----------|--------|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | | J. | | |
| 6. | Utilities: | | • | 140.00 |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| | 6d. Other. Specify: | 6 d . | \$ | |
| 7. | Food and housekeeping supplies | 7. | \$ | |
| 8. | Childcare and children's education costs | 8. | \$ | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | |
| 10. | Personal care products and services | 10. | \$ | |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 0.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | | | | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incon | 1e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| | · · · · · · · · · · · · · · · · · · · | | | |

Case 19-11975-mkn Doc 1 Entered 04/01/19 15:25:23 Page 45 of 65

| Debtor | 1 YUDELSY GONZALEZ-VINA First Name Middle Name Last Name | Case number (if known) | | |
|-----------------|--|------------------------|-----|----------|
| 21. O 1 | her. Specify: | 21. | +\$ | 0.00 |
| 22. C a | iculate your monthly expenses. | | | ; |
| 22 | a. Add lines 4 through 21. | 22a . | \$ | 1,580.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 1,580.00 |
| 23. Ca l | culate your monthly net income. | | | |
| 23a | Copy line 12 (your combined monthly income) from Schedule I. | 23a . | \$ | 998.24 |
| 23b | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,580.00 |
| 23c | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c . | \$ | -581.76 |
| 24. Do | you expect an increase or decrease in your expenses within the year after you | u file this form? | | |
| | example, do you expect to finish paying for your car loan within the year or do you rigage payment to increase or decrease because of a modification to the terms of you | | | |
| Z | No. Yes. Explain here: | | | |
| | Explain note. | | | |

| II in this in | formation to ide | ntify your case: | | | |
|----------------------------|--|---|------------------------|--|------------------------------------|
| btor 1 | YUDELSY G | ONZALEZ-VINA | | | |
| | First Name | Middle Name | Last Name | | |
| btor 2 ouse, if filing) | First Name | Middle Name | Last Name | — | |
| ited States | Bankruptcy Court fo | r the: DISTRICT OF NEVA | \DA | | |
| se number | | | | | |
| known) | | | | | Check if this is amended filing |
| | l Form 100 aration | | Individual | Debtor's Schedules | 12/15 |
| f two mar | ried neonle are f | iling together, both are e | gually responsible fo | r supplying correct information. | |
| ☐ No | | | OT an attorney to help | you fill out bankruptcy forms? | |
| ⊻ Yes | s. Name of person | AIVITIVIIII ER | | . Attach Bankruptcy Petition Preparer's Notice, Declaration | |
| | | 711111111111111111111111111111111111111 | | Signature (Official Form 119). | 1, and |
| | penalty of perjui ey are true and c | ry, I declare that I have re | • | ······································ | n, and |
| | | ry, I declare that I have re | Signature of D | Signature (Official Form 119). schedules filed with this declaration and | n, and |

| ebtor 1 YU | JDELSY GONZ | 7AI F7-VINA | | | | |
|---|--|--|---|--|---|--|
| Fire | st Name | Middle Name | Last Name | | | |
| ebtor 2 bouse, if filing) Fire | st Name | Middle Name | Last Name | | | |
| ited States Ban | kruptcy Court for the: | DISTRICT OF NEV | 'ADA | | | |
| se number | | | | | | Obsalsie Abis is as |
| known) | | | | | | Check if this is ar amended filing |
| fficial Fo | rm 107 | | | | | |
| tateme | nt of Fina | ncial Affai | rs for Indiv | iduals Filing for | Bankruptcy | 04/1 |
| mber (if know | n). Answer every | question. | ate sheet to this for itus and Where Y | m. On the top of any additional | al pages, write your nar | ne and case |
| What is you | r current marital s | status? | | | | |
| ☐ Married | | | | | | |
| Not marr | ied | | | | | |
| ☑ No | • | | other than where y | | | |
| ☑ No | all of the places ye | | · | e where you live now. Debtor 2: | | Dates Debtor 2 lived there |
| ☑ No ☐ Yes. List | all of the places ye | | years. Do not include Dates Debtor 1 | e where you live now. | | lived there |
| ☑ No ☐ Yes. List | all of the places y | | years. Do not include Dates Debtor 1 lived there From | e where you live now. Debtor 2: | | Same as Debtor |
| ✓ No ☐ Yes. List Debtor | all of the places y | | years. Do not include Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | | lived there Same as Debtor |
| ✓ No ☐ Yes. List Debtor | all of the places y | | years. Do not include Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 | | lived there ☐ Same as Debtor From |
| ✓ No ☐ Yes. List Debtor | all of the places y | | years. Do not include Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 | State ZIP Code | lived there ☐ Same as Debtor From |
| No Yes. List | all of the places y | ou lived in the last 3 | years. Do not include Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Same as Debtor From To |
| No Yes. List Debtor | all of the places yet. 1: Street | ou lived in the last 3 | years. Do not include Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Same as Debtor From To |
| No Yes. List | all of the places yet. 1: Street | ou lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | Same as Debtor From To Same as Debtor |
| No Yes. List Debtor | all of the places yet. 1: Street | ou lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Same as Debtor From To Same as Debtor From |
| No Yes. List Debtor Number | all of the places yet. 1: Street | ou lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | | Same as Debtor From To Same as Debtor From |
| No Yes. List Debtor | all of the places yet. 1: Street | ou lived in the last 3 | years. Do not include Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Same as Debtor From To Same as Debtor From |
| No Yes. List Debtor Number City Within the la | all of the places yet. 1: Street Street | ou lived in the last 3 State ZIP Code State ZIP Code | years. Do not include Dates Debtor 1 lived there From To From To | e where you live now. Debtor 2: Same as Debtor 1 Number Street City Number Street City City Valent in a community proper | State ZIP Code ty state or territory? (C | Same as Debtor From To Same as Debtor From From To |
| No Yes. List Debtor Number City Within the la | all of the places yet. 1: Street Street | ou lived in the last 3 State ZIP Code State ZIP Code | years. Do not include Dates Debtor 1 lived there From To From To | Debtor 2: Same as Debtor 1 Number Street City Number Street City City City | State ZIP Code ty state or territory? (C | Same as Debtor From To Same as Debtor From From To |

| btor 1 | YUDELSY GONZALEZ-VINA First Name Middle Name Last N | lame | Case nu | mber (if known) | |
|-------------|--|--|--|--|---|
| Fill in | ou have any income from employmen the total amount of income you received | from all jobs and all busi | nesses, including part-tir | ne activities. | ndar years? |
| □ N | | me that you receive toget | her, list it only once unde | er Debtor 1. | |
| ₩ Ye | es. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions an exclusions) |
| | rom January 1 of current year until he date you filed for bankruptcy: | Wages, commissions, bonuses, tips | \$2,059.20 | Wages, commissions, bonuses, tips | \$ |
| _ | | Operating a business | | Operating a business | |
| F | or last calendar year: | Wages, commissions, bonuses, tips | \$ 23,911.00 | Wages, commissions, bonuses, tips | \$ |
| (, | January 1 to December 31,2018) | Operating a business | | Operating a business | |
| F | or the calendar year before that: | Wages, commissions, bonuses, tips | | Wages, commissions, bonuses, tips | |
| (, | January 1 to December 31, 2017 | Operating a business | \$ 25,167.00 | Operating a business | \$ |
| U,N | | each source separately. De | o not include income tha | t you listed in line 4. | |
| – 10 | es. Fill in the details. | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of Income Describe below. | Gross income from each source (before deductions ar exclusions) |
| I | From January 1 of current year until | DISOBILITY | s748.68 | | - \$ |
| 1 | the date you filed for bankruptcy: | | \$ | | - \$ |
| | | | \$ | | - \$ |
| ı | For last calendar year: | | \$ | | ¢ |
| | (January 1 to December 31,2018_) | | \$ | | - \$ |
| | YYYY | | \$ | | - \$ |
| ĺ | For the calendar year before that: | | \$ | | \$ |
| | (January 1 to December 31,2017) | | \$ | | \$ |
| | YYYY | | | | - - \$ |

| btor 1 | YUDELSY GONZALEZ-VINA First Name Middle Name Last Name | | Case | number (if known) | |
|-------------|---|-----------------------|-----------------------------|-------------------------------|---|
| Part 3: | List Certain Payments You Made B | efore You Filed | for Bankruptcy | | |
| | | | | | |
| . Are eit | ther Debtor 1's or Debtor 2's debts primar | ily consumer deb | ts? | | |
| ☐ No | Neither Debtor 1 nor Debtor 2 has prime incurred by an individual primarily for a period of the control of the | ersonal, family, or h | nousehold purpose." | | 1(8) as |
| | During the 90 days before you filed for bar | nkruptcy, ala you p | ay any creditor a total of | \$6,425 Of Hore? | |
| | ☐ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom total amount you paid that credito child support and alimony. Also, or | or. Do not include p | ayments for domestic si | upport obligations, such as | |
| | * Subject to adjustment on 4/01/19 and ev | ery 3 years after th | nat for cases filed on or a | after the date of adjustment. | |
| ⊠ Ye | s. Debtor 1 or Debtor 2 or both have prima | arily consumer de | ebts. | | |
| | During the 90 days before you filed for bar | nkruptcy, did you p | ay any creditor a total of | \$600 or more? | |
| | ☑ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom creditor. Do not include payments alimony. Also, do not include pay | s for domestic supp | oort obligations, such as | child support and | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Co | ode . | | | ☐ Other |
| | | | | | |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | <u> </u> | | | Suppliers or vendors |
| | City State ZIP Co | ode | | | ☐ Other |
| | | | | | |
| | | | \$ | \$ | D |
| | Creditor's Name | | 5 | | ☐ Mortgage |
| | | | | | ☐ Car ☐ Credit card |
| | Number Street | | | | ☐ Credit card ☐ Loan repayment |
| | | | | | ☐ Loan repayment ☐ Suppliers or vendors |
| | | | | | Other |
| | City State ZIP Co | ode | | | Utner |

Debtor 1

YUDELSY GONZALEZ-VINA

| - 1 | YUDELSY GONZALEZ-VINA | | _ | Case number (if known)_ | |
|--------------------------------|---|----------------------------------|--|---|--|
| | First Name Middle Name Last Name | | | | |
| nsider: corpora agent, i | a 1 year before you filed for bankruptcy, did y is include your relatives; any general partners; re ations of which you are an officer, director, perse including one for a business you operate as a s is child support and alimony. | elatives of any on in control, o | general partners; p r owner of 20% or i | partnerships of which more of their voting | h you are a general partner; securities; and any managing |
| 2 No | • | | | | |
| | s. List all payments to an insider. | | | | |
| | .,, | Dates of payment | Total amount paid | Amount you stili owe | Reason for this payment |
| _ | | | \$ | \$ | |
| Ins | sider's Name | | | | |
| <u></u> | umber Street | · | | | |
| N | umber Street | | | | |
| _ | | · | | | |
| _ | | | | | |
| Ci | ity State ZIP Code | | | | |
| | | | \$ | \$ | |
| ln: | nsider's Name | • | | | |
| Ni | umber Street | | | | |
| | | | | | |
| _ | | | | | |
| - | | | | | |
| Ci | ity State ZIP Code | | | | |
| Vithin | 1 year before you filed for bankruptcy, did ye | ou make anv i | payments or trans | fer any property o | n account of a debt that ben |
| an insi | ider? | | - | | |
| Include | e payments on debts guaranteed or cosigned by | y an insider. | | | |
| ∑ Í No | | | | | |
| ☐ Yes | s. List all payments that benefited an insider. | | | | |
| | | Dates of payment | Total amount paid | Amount you stlil owe | Reason for this payment |
| | | payment | para | OWC | Include creditor's name |
| | | · | \$ | \$ | |
| in | ssider's Name | | | | |
| N | umber Street | | | | |
| | | | | | |
| _ | | · | | | |
| Ci | ity State ZIP Code | - | | | |
| Ci | State Zir Code | | | | |
| | | | \$ | \$ | |
| In | nsider's Name | | Ψ | _ ~ | |
| | | | | | |
| Ni | umber Street | | | | |
| | | | | | |
| | | | | | |
| c | ity State ZIP Code | | | | |

| First Name Middle Name Last Name | Case number (if known) | |
|--|--|----------------------|
| | | |
| | | |
| Identify Legal Actions, Repossessions, and Foreclosur | es | |
| in 1 year before you filed for bankruptcy, were you a party in any l | | dina? |
| I such matters, including personal injury cases, small claims actions, of | | |
| contract disputes. | | |
| No | | |
| Yes. Fill in the details. | | |
| Nature of the case | Court or agency | Status of the cas |
| JUDGMENT/ | JUSTICE COURT | = |
| Case title RAPID CASH GARNISHMENT | Court Name | — 🗹 Pending |
| YUDELSY GONZALEZ VINA | 200 LEWIS AVE | On appeal |
| | Number Street | Concluded |
| Case number 18C019533 | LAS VEGAS NV 89101 | l |
| | City State ZIP Code | |
| | | |
| Case title | Court Name | — Pending |
| | | On appeal |
| | Number Street | Concluded |
| Case number | | |
| Case number | City State ZIP Code | |
| | | |
| | rty Date | Value of the proper |
| Yes. Fill in the information below. | rty Date | Value of the propert |
| es. Fill in the information below. Describe the prope | rty Date | |
| es. Fill in the information below. | rty Date | Value of the propert |
| Describe the prope Creditor's Name | | |
| Creditor's Name Number Street Explain what happe | ened | |
| Creditor's Name Number Street Explain what happe | ened repossessed. | |
| Creditor's Name Number Street Explain what happe Property was Property was | repossessed. foreclosed. | |
| Creditor's Name Number Street Explain what happe Property was Property was Property was | repossessed. foreclosed. garnished. | |
| Creditor's Name Number Street Explain what happe Property was Property | repossessed. foreclosed. garnished. attached, seized, or levied. | \$ |
| Property was Property was Property was Property was | repossessed. foreclosed. garnished. attached, seized, or levied. | |
| Creditor's Name Number Street Explain what happe Property was Property | repossessed. foreclosed. garnished. attached, seized, or levied. | \$ |
| Property was City State ZIP Code Describe the prope Explain what happe Property was Property was Property was Property was Property was Describe the prope | repossessed. foreclosed. garnished. attached, seized, or levied. | \$ |
| Property was City State ZIP Code Describe the prope Explain what happe Property was Property was | repossessed. foreclosed. garnished. attached, seized, or levied. | \$Value of the prope |
| Property was City State ZIP Code Creditor's Name Creditor's Name Creditor's Name Creditor's Name Creditor's Name Creditor's Name | repossessed. foreclosed. garnished. attached, seized, or levied. | \$Value of the prope |
| Creditor's Name Number Street Explain what happe Property was Property | repossessed. foreclosed. garnished. attached, seized, or levied. rty Date | \$Value of the prope |
| Property was City State ZIP Code Creditor's Name Creditor's Name Creditor's Name Explain what happe Property was Explain what happe | repossessed. foreclosed. garnished. attached, seized, or levied. rty Date | \$Value of the prope |
| Property was City State ZIP Code Creditor's Name Creditor's Name Explain what happe Property was | repossessed. foreclosed. garnished. attached, seized, or levied. rty Date ened repossessed. | \$Value of the prope |
| Creditor's Name Number Street Explain what happe Property was Describe the property was Describ | repossessed. foreclosed. garnished. attached, seized, or levied. rty Date ened repossessed. foreclosed. | \$Value of the prope |

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| | YUDELSY GONZALEZ-VINA First Name Middle Name Last N | Case number (if k | (nown) | |
|-----------------|---|---|--------------------------|---------------------|
| | | | | |
| | in 90 days before you filed for bankrup ounts or refuse to make a payment bec | otcy, did any creditor, including a bank or financial ins | stitution, set off a | ny amounts from you |
| ZÍ N | • • | ause you owed a debt: | | |
| | es. Fill in the details. | | | |
| | | Describe the action the creditor took | Date action | n Amount |
| | | pescribe the action the creditor took | was taken | Amount |
| C | reditor's Name | | | |
| <u></u> | lumber Street | | | \$ |
| | Steet | | | |
| - | | | | |
| <u></u> | ity State ZIP Code | Last 4 digits of account number: XXXX | | |
| Ū | , | Last 4 digits of account humber: AAAA | | |
| | | cy, was any of your property in the possession of an a | assignee for the b | penefit of |
| | itors, a court-appointed receiver, a cus | stodian, or another official? | | |
| ZŽÍN □ Y | | | | |
| יי γ | ees _ | | | |
| rt 5: | List Certain Gifts and Contribut | tions | | |
| | | | | |
| With | in 2 years before you filed for bankrupt | tcy, did you give any gifts with a total value of more th | han \$600 per pers | son? |
| ZŽÍN | | | | |
| ☐ Y | es. Fill in the details for each gift. | | | |
| | | | | |
| | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you g the gifts | gave Value |
| | Gifts with a total value of more than \$600 | Describe the gifts | | gave Value |
| | Gifts with a total value of more than \$600 | Describe the gifts | | |
| | Gifts with a total value of more than \$600 | Describe the gifts | | gave Value |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | \$ |
| P. | Gifts with a total value of more than \$600 per person | Describe the gifts | | \$ |
| P: | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Street | Describe the gifts | | \$ |
| P: | Gifts with a total value of more than \$600 per person | Describe the gifts | | \$ |
| Pi N | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Street | Describe the gifts | | \$ |
| Pi N | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Full Street Street | Describe the gifts | | \$ |
| Pi N C | Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift iumber Street erson's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | the gifts | \$ \$ |
| Pi N C | Gifts with a total value of more than \$600 per person Terson to Whom You Gave the Gift Street Street Person's relationship to you | | the gifts | \$ \$ |
| P G P | Gifts with a total value of more than \$600 per person Terson to Whom You Gave the Gift Tumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | | the gifts | \$ \$ |
| P G P | Gifts with a total value of more than \$600 per person erson to Whom You Gave the Gift iumber Street erson's relationship to you Gifts with a total value of more than \$600 | | the gifts | \$\$ |
| P G P | Gifts with a total value of more than \$600 per person Terson to Whom You Gave the Gift Tumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | | the gifts | \$\$ |
| P G P | Gifts with a total value of more than \$600 per person Terson to Whom You Gave the Gift Tumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | | the gifts | \$\$ |
| P G P | Gifts with a total value of more than \$600 per person Terson to Whom You Gave the Gift Tumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | | the gifts | \$\$ |
| P G P | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | | the gifts | \$\$ |
| P GP P | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Jumber Street State ZIP Code Person's relationship to you Sifts with a total value of more than \$600 per person | | the gifts | \$\$ |

| 1 YUDELSY GON | | Case number (if known) | | |
|---|-------------------|--|------------------------------|---------------------------|
| First Name Middle N | ame Las | Name | | |
| Vithin 2 years hefere you f | iled for bankru | ptcy, did you give any gifts or contributions with a total valu | e of more than \$60 | 00 to any charity? |
| | iled for ballking | picy, did you give any gins or contributions with a total value | e of more than por | oo to any charky: |
| NoYes. Fill in the details for | each aift ar can | tribution | | |
| Tes. Fill till tile details for | each gill or con | urbation. | | |
| Gifts or contributions to | | Describe what you contributed | Date you contributed | Value |
| that total more than \$600 | | | Contribated | |
| | | | | |
| Charity's Name | | | | \$ |
| | | | | |
| | | | | \$ |
| | | | | |
| Number Street | | • | | |
| | | | | |
| City State ZIP C | ode | | | |
| | | | | |
| | | | | |
| 6: List Certain Los | ses | | | |
| Describe the property you how the loss occurred | | Describe any insurance coverage for the loss Include the amount that insurance has pald. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | | | | \$ |
| | | | | a |
| t 7: List Certain Payn | nents or Tran | nsfers | | |
| Vithin 1 year before you fil | ed for bankrup | tcy, did you or anyone else acting on your behalf pay or tra | nsfer any property | to anyone |
| | | or preparing a bankruptcy petition? | | |
| nclude any attomeys, bankr | uptcy petition pr | eparers, or credit counseling agencies for services required in yo | our bankruptcy. | |
| ☐ No | | | | |
| Yes. Fill in the details. | | | | |
| AMY MILLER | | Description and value of any property transferred | Date payment or transfer was | Amount of payme |
| Person Who Was Paid | | FOR PREPARING ALL THE FORMS FOR MY | made | |
| 8565 S EASTERN Number Street | AVE | CHAPTER 7 FILING | | s 200.0 |
| . Terrinor Officer | | | | Ψ |
| | | | | \$ |
| LAS VEGAS N | | | | |
| City Sta | | | | |
| amy@amytaxesnm Email or website address | ore.com | | | |
| Citial of Medalic address | | | | |
| Person Who Made the Paymen | it, if Not You | | | |

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| Fi | | EZ-VINA | | Case number (if known |) | |
|---|--|---|--|--------------------------|---|--------------------------------|
| | irst Name Middle Name | Last N | lame | | | |
| | | | | | | |
| | | | Description and value of any property | transferred | Date payment or transfer was made | Amount of payment |
| | | | | | cialisies was illade | payment |
| Person | n Who Was Paid | | | | | • |
| | | | | | | \$ |
| Numbe | er Street | | | | | \$ |
| | | | | | | * |
| | | | | | | |
| City | State | ZIP Code | | | | |
| | | | | | | |
| Email | or website address | - | | | | |
| Persor | n Who Made the Payment, if No | ot You | | | | |
| . 0 | | | | | | |
| No Yes. F | Fill in the details. | | | | | |
| | | | Description and value of any property | transferred | Date payment or transfer was made | Amount of pa |
| Person | n Who Was Paid | | | | | |
| | | | | | | |
| Numb | per Street | | | | | \$ |
| Numb | per Street | | | | | \$ |
| | | | | | | \$ \$ |
| City | State | ZIP Code | | | | |
| City /ithin 2 y | State years before you filed | for bankrup | tcy, did you sell, trade, or otherwise | transfer any propert | ty to anyone, other tha | |
| City lithin 2 y | State years before you filed ed in the ordinary cou | for bankrup rse of your b | tcy, did you sell, trade, or otherwise ousiness or financial affairs? nade as security (such as the granting o | | | n property |
| City Vithin 2 y ansferred anclude bood on ot income | State years before you filed ed in the ordinary cou oth outright transfers an | for bankrup rse of your b d transfers m | ousiness or financial affairs? | | | n property |
| City lithin 2 y ansferre clude bo o not inc | State years before you filed ed in the ordinary cou oth outright transfers an | for bankrup rse of your b d transfers m | ousiness or financial affairs? nade as security (such as the granting of | | | n property |
| City lithin 2 y ansferre clude bo o not inc | State years before you filed ed in the ordinary cou oth outright transfers an | for bankrup rse of your b d transfers m | ousiness or financial affairs? nade as security (such as the granting of | | | n property |
| City lithin 2 y ansferre clude bo o not inc | State years before you filed ed in the ordinary cou oth outright transfers an | for bankrup rse of your b d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City ithin 2 y ansferre clude bo o not inc No Yes. F | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers fill in the details. | for bankrup rse of your b d transfers m | pusiness or financial affairs? nade as security (such as the granting of a life and a l | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City ithin 2 y ansferre clude bo o not inc No Yes. F | State years before you filed ed in the ordinary cou oth outright transfers an | for bankrup rse of your b d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Vithin 2 y ansferre clude bo o not inco No Yes. F | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers fill in the details. | for bankrup rse of your b d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Vithin 2 y ansferre clude bo o not inco No Yes. F | State years before you filed ed in the ordinary cou oth outright transfers an clude gifts and transfers Fill in the details. | for bankrup rse of your b d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Fithin 2 y ansferre clude bo o not inc No Yes. F | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers Fill in the details. In Who Received Transfer er Street | for bankrup rse of your i d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Vithin 2 y ansferre clude bo o not inco No Yes. F | State years before you filed ed in the ordinary cou oth outright transfers an clude gifts and transfers Fill in the details. | for bankrup rse of your b d transfers m | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Vithin 2 y ansferre clude bo o not ince No Yes. F | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers Fill in the details. In Who Received Transfer er Street | for bankrup rse of your b d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Vithin 2 y ansferre clude bo o not ince No Yes. F | State years before you filed ed in the ordinary cou- oth outright transfers an clude gifts and transfers Fill in the details. In Who Received Transfer er Street | for bankrup rse of your b d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Ithin 2 y ansferre clude bo o not inc No Yes. F Persor Number City | State years before you filed ed in the ordinary cou- oth outright transfers an clude gifts and transfers Fill in the details. In Who Received Transfer er Street | for bankrup rse of your b d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Ithin 2 y ansferre clude bo o not inc No Yes. F Persor Number City | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers Fill in the details. In Who Received Transfer State On's relationship to you In Who Received Transfer | for bankrup rse of your b d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Ithin 2 y ansferre clude bo o not inc No Yes. F Persor Number City Persor | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers Fill in the details. In Who Received Transfer State On's relationship to you In Who Received Transfer | for bankrup rse of your b d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property perty). Date trans |
| City Ithin 2 y ansferre clude bo o not inc No Yes. F Persor Number City Persor | State years before you filed ed in the ordinary cou- oth outright transfers and clude gifts and transfers Fill in the details. In Who Received Transfer State On's relationship to you In Who Received Transfer | for bankrup rse of your b d transfers m that you hav | pusiness or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property | of a security interest o | r mortgage on your pro | n property |

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| | First Name Middle Name | Last Name | | Case number (if kno | own) | |
|--------------------|---|---------------------------|--|----------------------------------|--|---|
| | First Name Middle Name | Last Name | 3 | | | |
| | | | ey, did you transfer any proper | ty to a self-settled trus | st or similar device of w | hich you |
| | eneficiary? (These are o | often called asse | t-protection devices.) | | | |
| Mo No | - Fill to the college in | | | | | |
| ☐ Yes | s. Fill in the details. | | | | | |
| | | 1 | Description and value of the prope | rty transferred | | Date transfer was made |
| Narr | ne of trust | | | | | |
| | | | | | | |
| | | | | | | |
| rt 8: I | List Certain Financia | ıl Accounts, i | instruments, Safe Deposit | Boxes, and Storag | e Units | |
| closed, Include | l, sold, moved, or transfo e checking, savings, mo | erred? oney market, or | were any financial accounts of other financial accounts; certi | ificates of deposit; sha | | |
| | - | nds, cooperativ | es, associations, and other fir | iancial institutions. | | |
| Mo No | s. Fill in the details. | | | | | |
| u res | s. rm m the details. | | | | | |
| | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| Nar | me of Financial Institution | | xxxx | ☐ Checking | | \$ |
| Nu | imber Street | | | ☐ Savings | | |
| _ | | | | ☐ Money market | | |
| | | | | ☐ Brokerage | | |
| | ty State | ZIP Code | | ☐ Other | | |
| City | | | | | | |
| _ | • | | xxxx | Checking | | \$ |
| _ | me of Financial Institution | | xxxx | ☐ Checking☐ Savings | | \$ |
| Nar | me of Financial Institution | | xxxx | ☐ Savings | | \$ |
| Nar | | | xxxx | Savings Money market | | \$ |
| Nar | | | xxxx | ☐ Savings | | \$ |

| ebtor 1 | YUDELSY GONZALEZ-V | INA | Case number (if known) | |
|------------------|-------------------------------------|---|--|----------------|
| | First Name Middle Name | Last Name | , | |
| | | | | _ |
| 2. Have Modia | · | unit or place other than your home with | in 1 year before you filed for bankruptcy | ? |
| _ | o 'es. Fill in the details. | | | |
| | es. I III III the details. | Who else has or had access to it? | Describe the contents | Do you stil |
| | | | | have it? |
| | | | | □ No |
| | Name of Storage Facility | Name | | Yes |
| | | | | |
| | Number Street | Number Street | | |
| | | City State ZIP Code | | |
| | 01 | <u> </u> | | |
| | City State ZIP Co | de | | |
| Part 9 | Identify Property You H | old or Control for Someone Else | | |
| 22 Do | | hat someone else owns? Include any pr | anorty you harrowed from are storing f | |
| | you hold of control any property to | inat someone eise owns : include any pr | operty you borrowed from, are storing in | J1, |
| \mathbf{A} | No | | | |
| | Yes. Fill in the details. | | | |
| | | Where is the property? | Describe the property | Value |
| | | | | |
| | Owner's Name | | | \$ |
| | N | Number Street | | |
| | Number Street | | | |
| | | | | |
| | City State ZIP Co | City State ZIP | Code | |
| Part 1 | 0: Give Details About Envi | ironmental Information | | |
| 5 | | | | |
| | purpose of Part 10, the following | • • • | and the second s | of |
| haz | ardous or toxic substances, wast | l, state, or local statute or regulation co es, or material into the air, land, soil, su trolling the cleanup of these substances | face water, groundwater, or other medi | |
| = Site | means any location, facility, or p | roperty as defined under any environme | ntal law, whether you now own, operate | , or |
| | ze it or used to own, operate, or ι | | • | |
| = Haz | ardous material means anything | an environmental law defines as a hazar | dous waste, hazardous substance, toxic | ; |
| sub | stance, hazardous material, pollu | tant, contaminant, or similar term. | | |
| Report | all notices, releases, and proceed | dings that you know about, regardless o | f when they occurred. | |
| 24. Has | any governmental unit notified yo | ou that you may be liable or potentially l | able under or in violation of an environr | nental law? |
| Ø | No | | | |
| | Yes. Fill in the details. | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | · • | |
| | | <u> </u> | | |
| | Name of site | Governmental unit | | |
| | Number Street | Number Street | | |
| | | | | |
| | | City State ZIP Code | | |
| | | | | |
| | City State ZIP Cod | le | | |

| 1 YUDELSY GONZALE | Z-VINA | Case number (if known) | |
|-------------------------------------|---|---|---|
| First Name Middle Name | Last Name | | |
| | | | |
| ave you notified any governmen | ital unit of any release of hazardous mater | ial? | |
| 2 Í No | • | | |
| Yes. Fill in the details. | | | |
| _ 10017 III III the detaile. | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | |
| | | | |
| Name of site | Governmental unit | - | |
| Number Street | Number Street | _ | |
| | | | |
| | City State ZIP Code | _ | |
| | | | |
| City State 2 | IP Code | | |
| ava vou haan a narty in any judi | cial or administrative proceeding under a | ny anvironmental law? Include settleme | inte and orders |
| 1 No | olar or administrative proceeding under a | y chiviloniachair law . moiade settleme | ind and ordere. |
| 2 No 2 Yes. Fill in the details. | | | |
| Tes. Fill in the details. | _ | | Status of the |
| | Court or agency | Nature of the case | case |
| Case title | | | п |
| | Court Name | | ☐ Pending |
| | | | On appe |
| | Number Street | | Conclud |
| | | | |
| Case number | City State ZIP Co | ode | |
| | | | |
| Give Details About | Your Business or Connections to An | y Business | |
| · | r bankruptcy, did you own a business or l | | o any business? |
| | mployed in a trade, profession, or other a | | |
| | oility company (LLC) or limited liability par | tnership (LLP) | |
| A partner in a partnership | naging executive of a corporation | | |
| • | • • | | |
| An owner of at least 5% of | f the voting or equity securities of a corpo | ration | |
| No. None of the above applies | s. Go to Part 12. | | |
| Yes. Check all that apply abo | ve and fill in the details below for each bu | siness. | |
| | Describe the nature of the busine | • • | |
| Business Name | | Do not include Socia | Security number or ITIN. |
| | | EIN: | |
| Number Street | | | |
| | Name of accountant or bookkeep | er Dates business exist | ed |
| | | From 3 | |
| Oit. | | rrolli | ΓΛ |
| City State 2 | 200-4- | | Го |
| | ZIP Code Describe the nature of the busine | se Employer Identificati | |
| | ZIP Code Describe the nature of the busine | • • | on number |
| Business Name | | Do not include Socia | on number I Security number or ITIN. |
| | | Do not include Socia | on number I Security number or ITIN. |
| Business Name Number Street | Describe the nature of the busine | Do not include Socia | on number I Security number or ITIN. |
| | | Do not include Socia | on number I Security number or ITIN. |
| | Describe the nature of the busine | Do not include Socia | on number i Security number or iTIN |

City

State

ZIP Code

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| First Name | Middle Name | Last | Name | se number (if known) |
|--|--|---------------------------------------|--|--|
| | | Last | vanie | |
| | | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Business Name | | | | EIN: |
| Number Street | | | Name of accountant or bookkeeper | Dates business existed |
| City | State | ZiP Code | | From To |
| , | | | | |
| ithin 2 years befor stitutions, creditor No Yes. Fill in the do | rs, or other | parties. | tcy, did you give a financial statement to a | nyone about your business? Include all financial |
| | DOIO | | Date issued | |
| Name | | | MM / DD / YYYY | |
| Number Street | | | | |
| | | | | |
| City | State | ZIP Code | | |
| • | | | | |
| | | | | |
| | | | | |
| (C) Sign Bolo | | | | |
| 12: Sign Belo | w | | | |
| have read the ans nswers are true a n connection with | wers on th nd correct. a bankrup | l understan cy case car | | |
| have read the ans nswers are true a n connection with | wers on th nd correct. a bankrup | l understan cy case car | d that making a false statement, concealing | ng property, or obtaining money or property by frau |
| have read the ans inswers are true a in connection with | swers on th nd correct. a bankrup 341, 1519, a | l understan cy case car | d that making a false statement, concealin n result in fines up to \$250,000, or imprisor | ng property, or obtaining money or property by frau |
| have read the ansurers are true and connection with 8 U.S.C. §§ 152, 1 | swers on th nd correct. a bankrup 341, 1519, a | l understan cy case car | d that making a false statement, concealing result in fines up to \$250,000, or imprisor to \$250,000. Signature of Debtor 2 | ng property, or obtaining money or property by frau |
| have read the ansurers are true and connection with 8 U.S.C. §§ 152, 1. Signature of Debte | wers on the nd correct. a bankrup 341, 1519, a | I understantcy case car and 3571. | d that making a false statement, concealing result in fines up to \$250,000, or imprison signature of Debtor 2 | ng property, or obtaining money or property by frau |
| have read the ansunswers are true and connection with 8 U.S.C. §§ 152, 1. Signature of Debte Date Date Date Address and delivers and delivers are true an | wers on the nd correct. a bankrup 341, 1519, a | I understantcy case car and 3571. | d that making a false statement, concealing result in fines up to \$250,000, or imprison signature of Debtor 2 | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |
| have read the ansumswers are true and connection with 8 U.S.C. §§ 152, 1. Signature of Debt Date 13. 29. Did you attach add No Yes | or 1 | I understantly case car and 3571. | d that making a false statement, concealing result in fines up to \$250,000, or imprison signature of Debtor 2 | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |
| have read the ansenswers are true and connection with 18 U.S.C. §§ 152, 1. Signature of Debt Date 13. 29. Did you attach add No Yes | owers on the nd correct. a bankrup 341, 1519, 3 or 1 itional page | I understanticy case car and 3571. | statement of Financial Affairs for Individual to is not an attorney to help you fill out ban | ng property, or obtaining money or property by fraud nment for up to 20 years, or both. |

| Fill in this inf | formation to ide | entify your case: | | |
|---------------------------------|--------------------|--------------------------|-----------|--|
| Debtor 1 | YUDELSY G | ONZALEZ-VINA Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States F | Bankruptcy Court f | or the: DISTRICT OF NEVA | NDA | |
| Case number (If known) | | | | |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. | | | | | | |
|----|---|--|---|--|--|--|--|
| | Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | | | |
| | Creditor's name: | ☐ Surrender the property. | | | | | |
| | | Retain the property and redeem it. | ☐ Yes | | | | |
| | Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | | | | |
| | • | ☐ Retain the property and [explain]: | | | | | |
| | | | · | | | | |
| | Creditor's name: | Surrender the property. | ☐ No | | | | |
| | | Retain the property and redeem it. | ☐ Yes | | | | |
| | Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | | | | |
| | • | ☐ Retain the property and [explain]: | | | | | |
| | Creditor's | ☐ Surrender the property. | | | | | |
| | name: | Retain the property and redeem it. | ☐ Yes | | | | |
| | Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | - 133 | | | | |
| | securing debt. | Retain the property and [explain]: | | | | | |
| | Creditor's | ☐ Surrender the property. | | | | | |
| | name: | Retain the property and redeem it. | ☐ Yes | | | | |
| | Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | 55 | | | | |
| | Security dept. | Retain the property and [explain]: | | | | | |
| | | | | | | | |

Debtor 1

| YUDELSY | GONZA | LEZ-VINA | |
|---------------|----------------|----------|--|
| Elect Manager | NACASIA MARANA | A 4 M | |

Part 2:

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| essor's name: | |
|--|-------|
| | □ No |
| Description of leased roperty: | ☐ Yes |
| The state of the s | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| · · · · · · · · · · · · · · · · · · · | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Appriss. | |

| | Case 19-11975-IIIKII DOC | T Ellie | ieu 04/ | 01/19 | 15.2 | 5.23 | Page of 01 05 | |
|----------------------|--|---|------------------------------|---------------|--------------------|--------------------------|--|----|
| Fi | ll in this information to identify your case: | | | | | one box c 22A-1Sur | only as directed in this form and in | |
| De | btor 1 YUDELSY GONZALEZ-VINA First Name Middle Name | Last Name | | . | | | | |
| | btor 2 ouse, if filing) First Name Middle Name | Last Name | | l l | | | presumption of abuse. tion to determine if a presumption of | |
| | ited States Bankruptcy Court for the: DISTRICT OF NEVADA | | | | al | buse appli | es will be made under <i>Chapter 7</i> Calculation (Official Form 122A–2). | |
| | se number | | | | | | Test does not apply now because of | |
| | known) | - | | | q | ualified mi | itary service but it could apply later. | |
| | | | | | ☐ Che | eck if this | is an amended filing | |
| Of | ficial Form 122A—1 | | | | | | | |
| CI | napter 7 Statement of Your | Curre | nt Mo | nthi | v In | come | 12/ | 15 |
| spadd do r Abu | as complete and accurate as possible. If two married possible is needed, attach a separate sheet to this form. Inclinational pages, write your name and case number (if knot have primarily consumer debts or because of qualuse Under § 707(b)(2) (Official Form 122A-1Supp) with the Calculate Your Current Monthly Income | lude the line own). If you l ifying militar this form. | number to believe tha | which the | e additi exempl | onal infor ted from a | mation applies. On the top of any presumption of abuse because yo | |
| 1. | What is your marital and filing status? Check one only | | · · | | | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | ■ Married and your spouse is filing with you. Fill out | | | | • | | | |
| | ■ Married and your spouse is NOT filing with you. You and your spouse are: ■ Living in the same household and are not legally separated. Fill out both Columns A and B. lines 2-11. | | | | | | | |
| | Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). | | | | | | | |
| | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | |
| | | | | | Columi Debtor | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, at (before all payroll deductions). | nd commissi | ions | | \$ | 0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include p Column B is filled in. | ayments from | n a spouse i | f | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo filled in. Do not include payments you listed on line 3. | nclude regula your depende | ar contribution ents, parent | ons s, | \$ | <u>0.0</u> 0 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | \$ | \$ | | | | | |
| | Ordinary and necessary operating expenses | | - \$ | 00 | | | | |
| | Net monthly income from a business, profession, or farm | \$0.00 | \$ | Copy here→ | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 \$ | Debtor 2 \$ | | | | | |
| | Ordinary and necessary operating expenses | - \$ · | - \$ | | | | | |

Net monthly income from rental or other real property

7. Interest, dividends, and royalties

\$_0.00

Copy here→

0.00 0.00

| Debtor 1 | YUDELSY GONZALEZ-VINA | C | ase number (if know | /n) | |
|--|---|--------------------------|----------------------|--|----------------|
| | riist Name Middle Name Last Name | | | | |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | <u> </u> |
| 8. Unem | ployment compensation | | s 0.00 | s | • |
| | of the amount if you contend that the amount received was a be | enefit | ΨΨ | Ψ | - |
| under | the Social Security Act. Instead, list it here: | | | | |
| | you \$ | _ | | | |
| | your spouse\$ | | ۸ ۸۸ | | |
| benef | ion or retirement income. Do not include any amount received that it under the Social Security Act. | | s0.00 | \$ | |
| Do no as a v | ne from all other sources not listed above. Specify the source and to include any benefits received under the Social Security Act or paymyictim of a war crime, a crime against humanity, or international or do ism. If necessary, list other sources on a separate page and put the testing the sources on a separate page. | nents received mestic | \$ 499.24 \$ 0.00 | \$ \$ | |
| Tota | I amounts from separate pages, if any. | | + s 0.00 | + \$ | - |
| , 515 | , and an experience pages, want, | | Ψ <u></u> | - | - |
| | late your total current monthly income. Add lines 2 through 10 for nn. Then add the total for Column A to the total for Column B. | r each | s . 998.14 | ↓ + \$ | = s. 999.24 |
| Part 2: | Determine Whether the Means Test Applies to You | | | | monthly income |
| | late your current monthly income for the year. Follow these steps | | | ĭ | ado NI |
| 12a. | Copy your total current monthly income from line 11. | | | Copy line 11 here | \$ 440.74 |
| | Multiply by 12 (the number of months in a year). | | | , | x 12 |
| 12b. | The result is your annual income for this part of the form. | | | 12b. | \$11,978.88 |
| 13. Calcu | elate the median family income that applies to you. Follow these s | steps: | | | |
| Fill in | the state in which you live. | | | | |
| Fill in | the number of people in your household. | | | ſ | <u> </u> |
| Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | | | | | |
| 14. How 6 | do the lines compare? | | | | |
| 14a. 🖸 | Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. | | | | |
| 14b. C | Line 12b is more than line 13. On the top of page 1, check box 2, Go to Part 3 and fill out Form 122A–2. | The presumpti | on of abuse is d | etermined by Form 122 | ?A-2. |
| Part 3: | Sign Below | | | | |
| | By signing here, I declare under penalty of perjury that the informa | tion on this stat | tement and in ar | ny attachments is true a | and correct. |
| | × Mahum | × | | • | |
| | Signature of Debtor 1 | Sign | ature of Debtor 2 | | |
| | Date 03.99·19 | Deta | | | |
| | Date MM / DD / YYYY | Date | MM / DD / YY | YY | |
| | If you checked line 14a, do NOT fill out or file Form 122A–2. | | | | |
| | If you checked line 14b, fill out Form 122A–2 and file it with this | : form | | | |

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

| * * * * * | | | | | |
|---|---|--|--|--|--|
| In re: YUDELSY GONZALEZ-VINA |) Bankruptcy No.:) Chapter 7) VERIFICATION OF CREDITOR) MATRIX) | | | | |
| Debtor(s). |))) | | | | |
| The above named Debtor hereby vand correct to the best of his/her knowled | verifies that the attached list of creditors is true | | | | |
| Date | Signature Signature | | | | |

CREDITOR MATRIX YUDELSY GONZALEZ-VINA

MONEYTREE 6720 FORT DENT WAY, STE 230 SEATTLE, WA 98188

CHECK CITY 8505 S EASTERN LAS VEGAS, NV 89123

SNAP FINANCIAL PO BOX 26561 SALT LAKE CITY, UT 84126

TMOBILE 12920 SE 38TH ST BELLEVIEW, WA 98006

SPRINT 6480 SPRINT PKWY BLDG 13 OVERLAND PARK, KS 66251

ABSOLUTE DENTAL 2250 S RANCHO DR STE 205 LAS VEGAS, NV 89102

ALLY FINANCIAL POB 380901 BLOOMINGTON, MN 55438

FIRST PREMIER BANK 3820 N LOUISE AVE SIOUX FALLS, SD 57107

SYNCB/JC PENNEY POB 965007 ORLANDO, FL 32896

VERIZON WIRELESS POB 650051 DALLAS, TX 75265

AD ASTRA RECOVERY 7330 W 33RD ST NSTE 118 WICHITA, KS 67205

RAPID CASH PO BOX 780408 WICHITA, KS 67278

KRAVITZ, SCHNITZER & JOHNSON CHTD 8985 S EASTERN AVE #200 LAS VEGAS, NV 89123

JUSTICE COURT 200 LEWIS AVE LAS VEGAS, NV 89101

LVNV FUNDING POB 1269 GREENVILLE, SC 29603 CAPITAL ONE 1680 CAPITAL ONE DRIVE MCLEAN, VA, 22102

MIDLAND FUNDING LLC 2365 NORTHSIDE DR STE 300 SAN DIEGO, CA 92108

CREDIT ONE POB 98872 LAS VEGAS, NV 89193

PORTFOLIO RECOVERY 120 CORPORATE BLVD STE 100 NORFOLK, VA 23502

COMENITY BANK/VICTORIA SECRET POB 182789 COLUMBUS, OH 43218

WELTMAN WEINBERGREIS 965 KEYNOTE CIRCLE BROOKLYN HTS, OH 44131

HENDERSON CONSTABLE 243 S. WATER ST HENDERSON, NV 89015